El Paso Health

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PCP and Specialist Provider Training

June 25, 2026

EPHSPP942406

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Contracting and Credentialing

Credentialing Verification Organization

El Paso Health utilizes Verisys as the credentialing, recredentialing and provider data management company.

- **Initial Credentialing** – Providers will need to submit a Demographic form, a W-9 and the Credentialing Application for Organization.

- **Recredentialing** - Providers will receive notifications from Verisys for re-credentialing 6 months prior to due date.

- For more information, visit our website www.elpasohealth.com, select Providers tab, Provider Support then Contracting and Credentialing.

Credentialing and Contracting Process

- Credentialing Completed via Verisys

- Contract or Amendment Sent to Provider for Signature

- Provider Signs and Returns to Credentialing & Contracting Department

- Agreement Executed

- Provider Becomes In-Network

Note: The credentialing process may take up to 90 days to complete depending on the responsiveness and documentation accuracy.

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Changes / Updates to Your Practice

Demographic Form

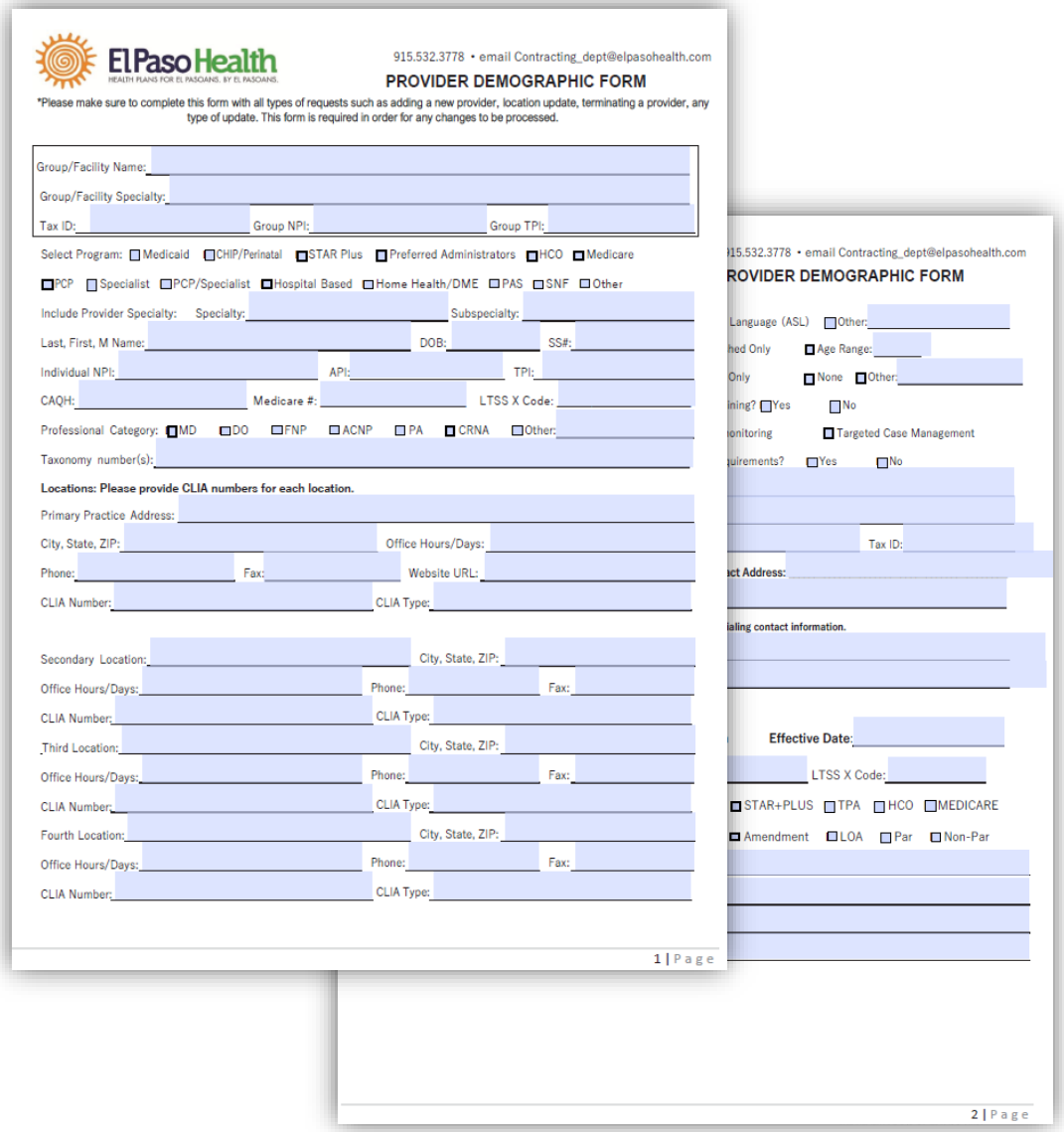
Providers must notify El Paso Health Contracting and Credentialing or Provider Relations of any changes to their practice, to include:

- Any demographic changes
  (Office Hours, Age Range, Phone, Fax, etc.)
- Closing or opening panels (accepting new members)
- Practice name change or acquisitions

What forms do I need to send and where:

- Submit Demographic Form and W-9 by email to: Contracting_Dept@elpasohealth.com

Note: Keep in mind these updates/changes are crucial in keeping our Provider Directories up to date!



Contact Information

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Contracting & Credentialing Manager
Email: gdelossantos@elpasohealth.com
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Ph: 915-298-7198 ext.1248

Melissa Martinez
Alpha Assignment: P-Z
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A Contracting and Credentialing Representative will respond to your inquiry within 72 business hours.

Email: Contracting_Dept@elpasohealth.com

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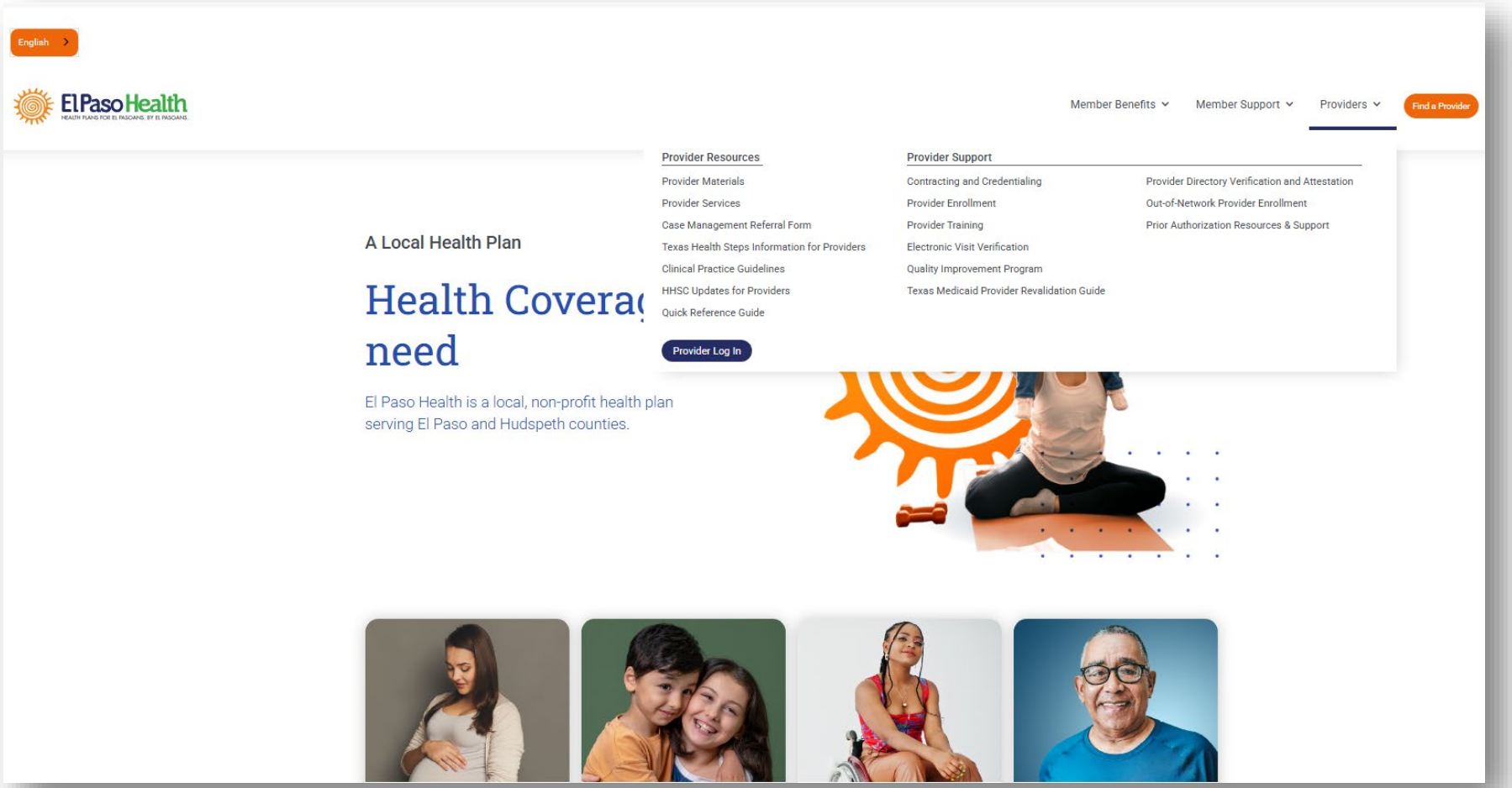
Provider Relations Overview

El Paso Health Website



View:

- Provider Resources
- Provider Directory
- Provider Manual
- Provider Notifications
- Provider Orientations
- Provider Quality Information
- Additional Resources

https://www.elpasohealth.com/

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EPH Provider Web Portal - Home Page

Submit:

- Claims
- Authorizations
- Provider Complaints

Verify:

- Member Eligibility
- Claim Status
- Authorization Status

View:

- Remittance Advice
- Rosters
- Other Reports

Download:

- EFT Request Form

El Paso Health Provider Portal

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Updated Texas Steps Quick Reference Guide

Texas Health Steps Quick Reference Guide

Remember: Use Provider Identifier • Use Benefit Code EP1

Texas Health Steps Medical Checkup Billing Procedure Codes

Texas Health Steps Medical Checkups				
99381	99382	99383	99384	99385*
99391	99392	99393	99394	99395*

Texas Health Steps Follow-up Visit
Use procedure code 99211 for a Texas Health Steps follow-up visit.

ICD-10 Diagnosis Codes	
Z00110	Routine newborn exam, birth through 7 days
Z00111	Routine newborn exam, 8 through 28 days
Z00129	Routine child exam
Z00121	Routine child exam, abnormal
Z0000	General adult exam
Z0001	General adult exam, abnormal

Immunizations Administered	
Use code Z23 to indicate when immunizations are administered.	
Procedure Codes	**Vaccine**
90380†, 90381†, or 90382† with (96380 or 96381)	RSV
90593 with (90460/90461 or 90471/90472)	Chikungunya
90619† or 90624† with (90460/90461 or 90471/90472)	MenACWY-TT
90632 or 90633† with (90460/90461 or 90471/90472)	Hep A
90620† or 90621† with (90460/90461 or 90471/90472)	MenB
90623† with (90460/90461 or 90471/90472)	MenABCWY
90636 with (90460/90461 or 90471/90472)	Hep A/Hep B

* For clients who are 18 through 20 years of age, use diagnosis code Z0000 or Z0001
† Indicates a vaccine distributed by TVFC

Immunizations Administered	
Use code Z23 to indicate when immunizations are administered.	
Procedure Codes	**Vaccine**
90647† or 90648† with (90460/90461 or 90471/90472)	Hib
90651† with (90460/90461 or 90471/90472)	HPV
90655†, 90656†, 90657†, 90658†, 90685†, 90686†, 90687† or 90688† with (90460/90461 or 90471/90472); 90660† or 90672† with (90460/90461 or 90473/90474); 90661, 90673, 90674, 90682 or 90756† with (90471/90472)	Influenza
90670† with (90460/90461 or 90471/90472)	PCV13
90671† with (90460/90461 or 90471/90472)	PCV15
90677† with (90460/90461 or 90471/90472)	PCV20
90678† with (90460/90461 or 90471/90472)	RSV
90680† or 90681† with (90460/90461 or 90473/90474)	Rotavirus
90684 with (90471/90472)	PCV21
90696† with (90460/90461 or 90471/90472)	DTaP-IPV
90697† or 90698† with (90460/90461 or 90471/90472)	DTap-IPV-Hib
90700† with (90460/90461 or 90471/90472)	DTaP
90702† with (90460/90461 or 90471/90472)	DT
90707† with (90460/90461 or 90471/90472)	MMR
90710† with (90460/90461 or 90471/90472)	MMRV
90713† with (90460/90461 or 90471/90472)	IPV
90714† with (90460/90461 or 90471/90472)	Td
90715† with (90460/90461 or 90471/90472)	Tdap
90716† with (90460/90461 or 90471/90472)	Varicella
90723† with (90460/90461 or 90471/90472)	DTap-Hep B-IPV
90732† with (90460/90461 or 90471/90472)	PPSV23

Immunizations Administered	
Use code Z23 to indicate when immunizations are administered.	
Procedure Codes	**Vaccine**
90734† with (90460/90461 or 90471/90472)	MPSV4
90739, 90743, 90744†, 90746, or 90759 with (90460/90461 or 90471/90472)	Hep B
90758 with (90471/90472)	Ebola Virus
91320†, 91322†, or 91323† with (90480/M0201)	COVID-19

Oral Evaluation and Flouride Varnish

Use procedure code 99429 with U5 modifier.

Developmental and Autism Screening

Developmental screening with use of the ASQ, ASQ:SE, PEDS or SWYC is reported using procedure code 96110.

Autism screening with use of the M-CHAT or M-CHAT R/F is reported using procedure code 96110 with U6 modifier.

Tuberculin Skin Testing (TST)

Use procedure code 86580 for TST. Procedure code 86580 may be reimbursed on the same day as a checkup.

Mental Health Screening

Mental Health Screening in adolescents with the use of the PSC 17, PSC-35, Y-PSC, PHQ-9, PHQ-A (depression screen), CRAFFT, PHQ-A (Anxiety, mood, substance use) or RAAPS is reported using procedure code 96160 or 96161. Only one procedure code (96160 or 96161) may be reimbursed per client per calendar year.

Postpartum depression screening with the use of a validated screening tool including the Edinburgh Postnatal Depression Scale, PHQ-9 or Postpartum Depression Screening Scale is reported using procedure code G8431 or G8510. Only one procedure code (G8431 or G8510) may be reimbursed per client.

Point-of-Care Lead Testing

Use procedure code 83655 with QW modifier to report that an initial blood lead level screening test was completed using point-of-care testing.

Condition Indicator Codes

One of the Condition Indicators below is required whether a referral was made or not.

Referral Status	Indicator Codes	Description
N	NU	Not used (no referral)
Y	ST	New services requested
Y	S2	Under treatment

Modifiers

Performing Provider
Use to indicate the practitioner who is performing the unclothed physical examination component of the medical checkup.

AM (Physician)	SA (Nurse Practitioner)	TD (Nurse)	U7 (Physician Assistant)

Exception to Periodicity
Use with Texas Health Steps medical checkups procedure codes to indicate the reason for an exception to periodicity.

23 (Unusual Anesthesia)	32 (Mandated Services)	SC (Medically Necessary)

FQHC and RHC
Federally qualified health center (FQHC) providers must use modifier EP for Texas Health Steps medical checkups. Rural health clinic (RHC) providers must bill place of service 72 for Texas Health Steps medical checkups.

Vaccine/Toxoids
Use to indicate a vaccine/toxoid *not available* through TVFC and the number of state defined components administered per vaccine.

U1	Vaccine/toxoid privately purchased by provider when TVFC vaccine/toxoid is not available

Vaccine Administration and Preventive E/M Visits

Use with Texas Health Steps preventive visit checkup procedure codes to indicate a significant, separately identifiable E/M service that was rendered by the same provider on the same day as the immunization administration.

25	Significant, separately identifiable evaluation

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Sports Physicals for STAR & CHIP Members

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Sports Physicals for STAR & CHIP Members

El Paso Health Value Added Services (VAS) include Sports Physicals. STAR and CHIP members seeking a Sports Physical will be able to obtain this service from a Primary Care Provider. Please review the updated benefit coverage and billing clarification guidelines for Sports Physicals.

Benefit Coverage

- STAR and CHIP members ages 4 through 18 years of age
- Once per calendar year

Billing Guidelines

- Sports Physicals are only payable when performed on a separate date of service from a THSteps/Well Child Visit
- Providers must bill the Sports Physical on a separate HCFA claim
- No modifiers are required on claim submission for a Sports Physical
- Z02.5 ICD-10 Diagnosis Code is the valid code to submit for Sports Physicals (encounter for examination for participation in sport)
- G0402 CPT code must be utilized for the Sports Physical
- Rate fee for EPH Sports Physicals is $25

If you have additional questions please contact our Provider Relations Team at 915-532-3778 or via email at ProviderServicesDG@elpasohealth.com.

EPH- Sports Physical Flyer

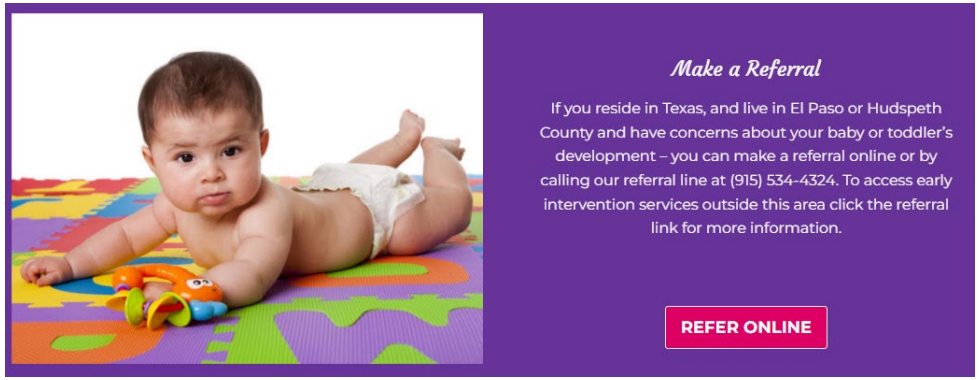
Early Childhood Intervention (ECI)

The Early Childhood Intervention program works in association with Texas Health and Human Services.

ECI encourages families not to take a "wait and see" approach to a child's development. As soon as a delay is suspected, children may be referred to ECI, even as early as birth.

- **Birth through 35 months:**
  Federal Regulation CFR Sec. 303.303 of Title 34 (Education) requires a provider to refer children under age three to Early Childhood Intervention (ECI) as soon as possible, but no longer than 7 days of identifying a child with a delay or eligible medical diagnosis, even if also referring to an appropriate specialist.

- **Ages 3 years and older**:
  The provider is encouraged to refer to the appropriate school district program, even if also referring to an appropriate specialist.



ECI Referrals can be made online, via fax 915-496-0750 or on the 24/7 referral line at 915-534-4324.

https://www.elpasoeci.org/

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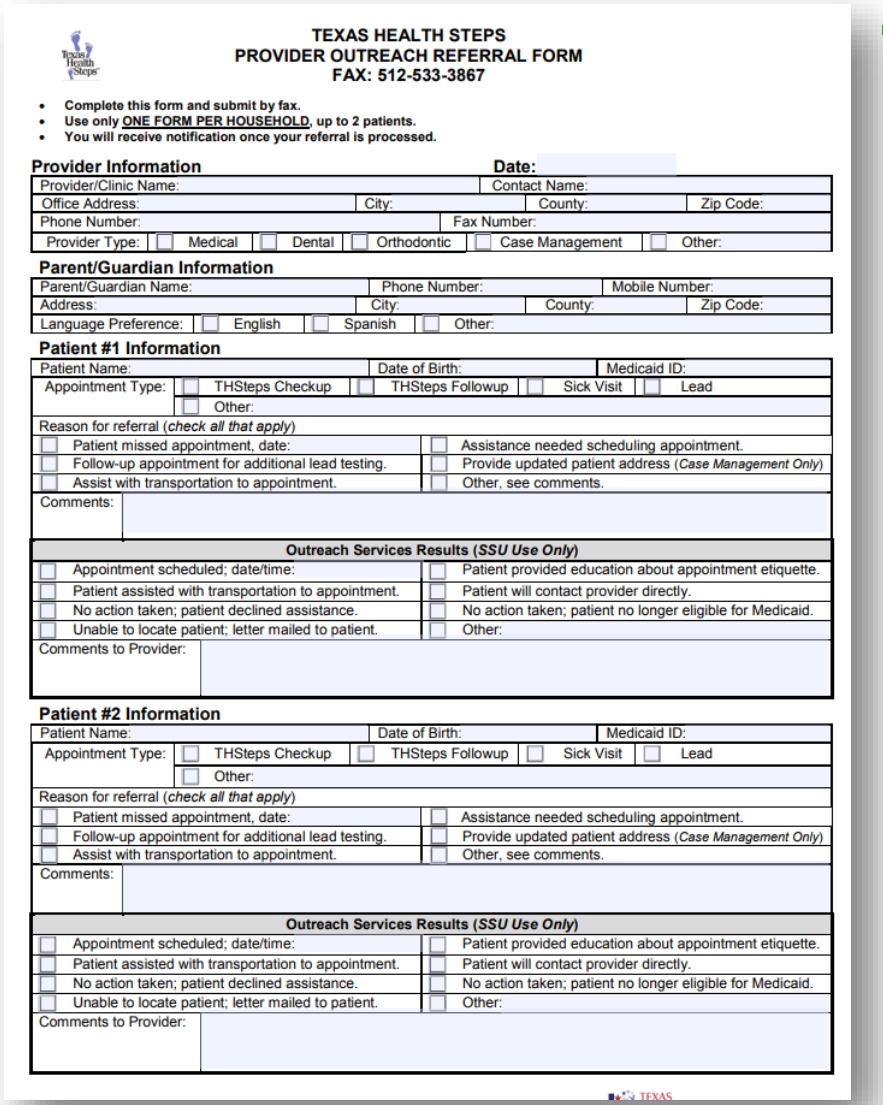
THSteps Reminders

Texas Health Steps Provider Outreach Referral Form



TEXAS HEALTH STEPS
PROVIDER OUTREACH REFERRAL FORM
FAX: 512-533-3867

- **Complete this form and submit by fax.**
- **Use only ONE FORM PER HOUSEHOLD, up to 2 patients.**
- **You will receive notification once your referral is processed.**

Provider Information **Date:**

Provider/Clinic Name:		Contact Name:	
Office Address:	City:	County:	Zip Code:
Phone Number:		Fax Number:	
Provider Type: ☐ Medical ☐ Dental ☐ Orthodontic ☐ Case Management ☐ Other:			

Parent/Guardian Information

Parent/Guardian Name:		Phone Number:	Mobile Number:
Address:	City:	County:	Zip Code:
Language Preference: ☐ English ☐ Spanish ☐ Other:			

Patient #1 Information

Patient Name:		Date of Birth:	Medicaid ID:
Appointment Type: ☐ THSteps Checkup ☐ THSteps Followup ☐ Sick Visit ☐ Lead ☐ Other:			
Reason for referral (*check all that apply*)			
☐ Patient missed appointment, date:		☐ Assistance needed scheduling appointment.	
☐ Follow-up appointment for additional lead testing.		☐ Provide updated patient address (*Case Management Only*)	
☐ Assist with transportation to appointment.		☐ Other, see comments.	
Comments:			

Outreach Services Results (*SSU Use Only*)

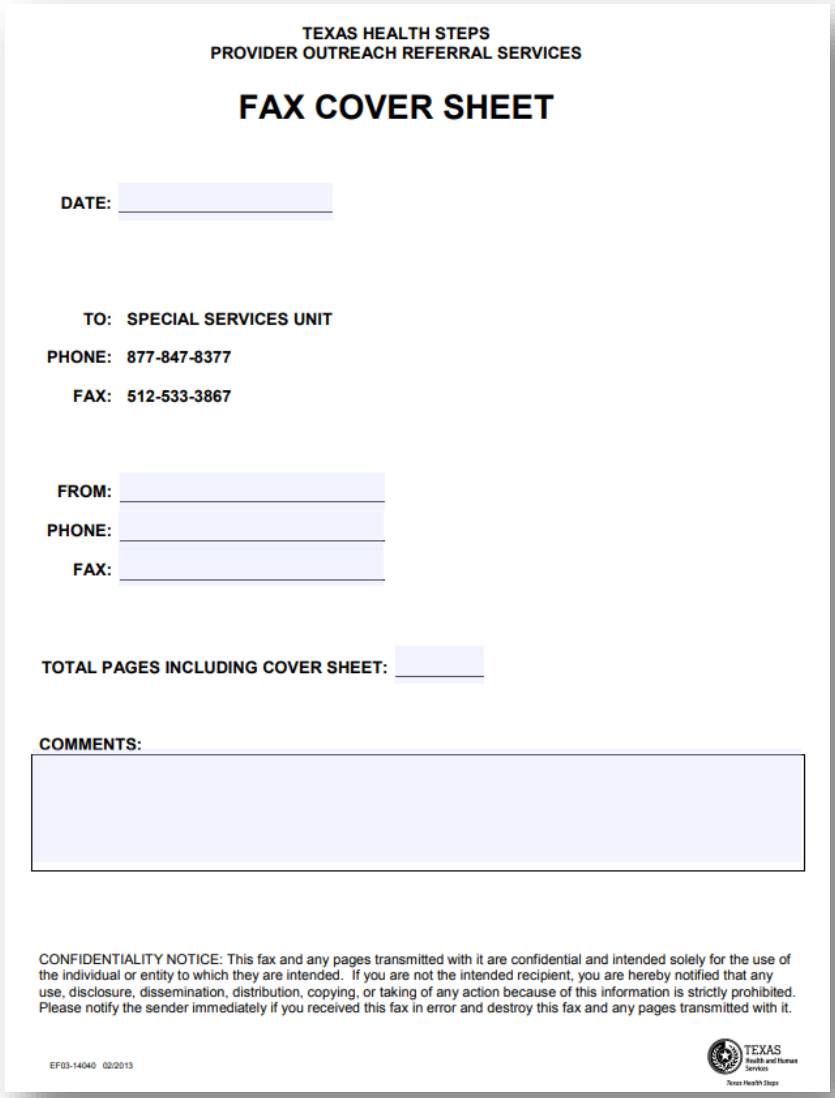
☐ Appointment scheduled; date/time:	☐ Patient provided education about appointment etiquette.
☐ Patient assisted with transportation to appointment.	☐ Patient will contact provider directly.
☐ No action taken; patient declined assistance.	☐ No action taken; patient no longer eligible for Medicaid.
☐ Unable to locate patient; letter mailed to patient.	☐ Other:
Comments to Provider:	

Patient #2 Information

Patient Name:		Date of Birth:	Medicaid ID:
Appointment Type: ☐ THSteps Checkup ☐ THSteps Followup ☐ Sick Visit ☐ Lead ☐ Other:			
Reason for referral (*check all that apply*)			
☐ Patient missed appointment, date:		☐ Assistance needed scheduling appointment.	
☐ Follow-up appointment for additional lead testing.		☐ Provide updated patient address (*Case Management Only*)	
☐ Assist with transportation to appointment.		☐ Other, see comments.	
Comments:			

Outreach Services Results (*SSU Use Only*)

☐ Appointment scheduled; date/time:	☐ Patient provided education about appointment etiquette.
☐ Patient assisted with transportation to appointment.	☐ Patient will contact provider directly.
☐ No action taken; patient declined assistance.	☐ No action taken; patient no longer eligible for Medicaid.
☐ Unable to locate patient; letter mailed to patient.	☐ Other:
Comments to Provider:	



TEXAS HEALTH STEPS
PROVIDER OUTREACH REFERRAL SERVICES

FAX COVER SHEET

DATE: _____

TO: **SPECIAL SERVICES UNIT**

PHONE: **877-847-8377**

FAX: **512-533-3867**

FROM: _____

PHONE: _____

FAX: _____

TOTAL PAGES INCLUDING COVER SHEET: _____

COMMENTS:

CONFIDENTIALITY NOTICE: This fax and any pages transmitted with it are confidential and intended solely for the use of the individual or entity to which they are intended. If you are not the intended recipient, you are hereby notified that any use, disclosure, dissemination, distribution, copying, or taking of any action because of this information is strictly prohibited. Please notify the sender immediately if you received this fax in error and destroy this fax and any pages transmitted with it.

EF03-14040 02/2013

https://www.elpasohealth.com/pdf/Provider%20Outreach%20Referral%20Form.pdf

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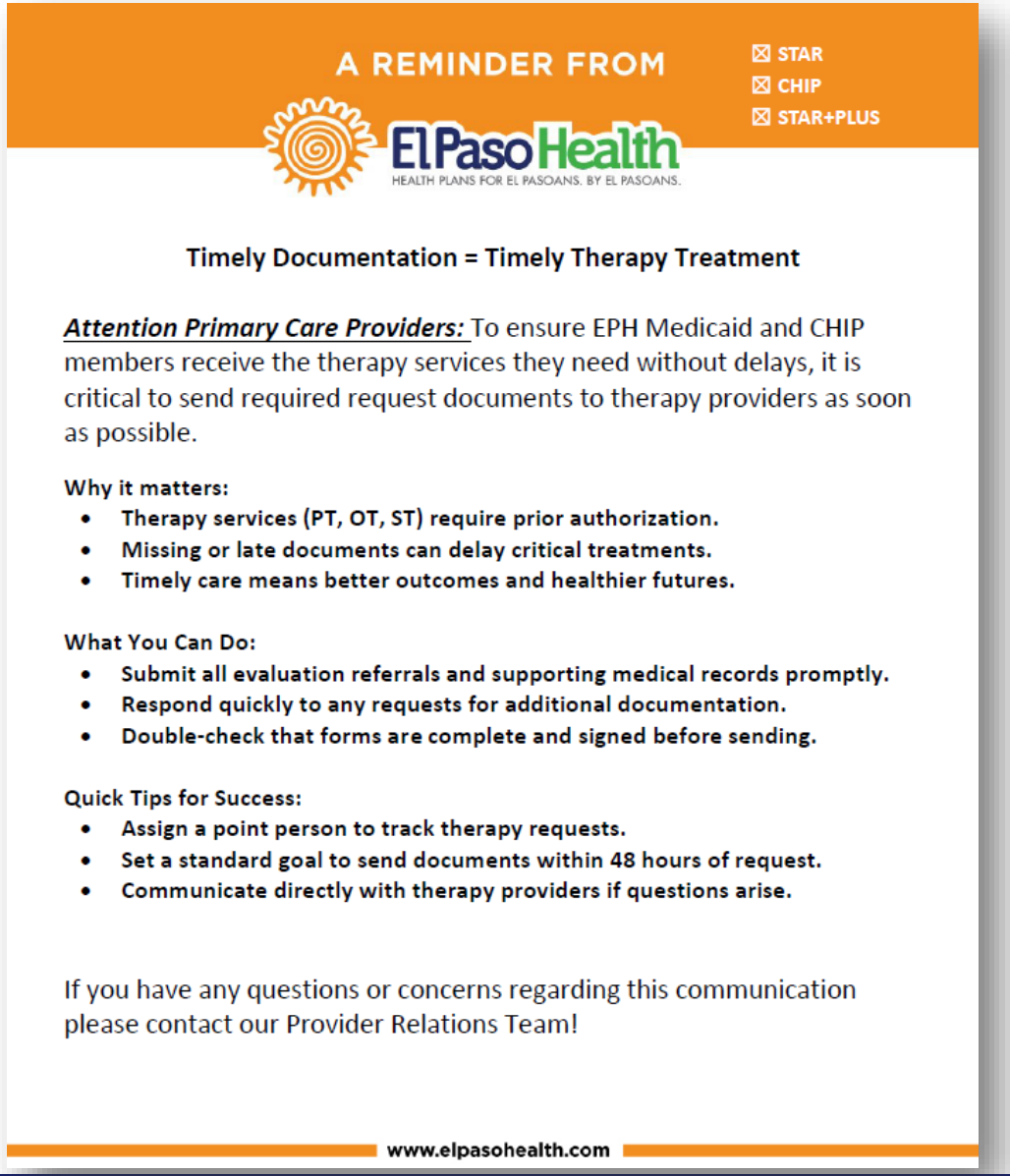
Timely Documentation / Therapy Treatment



A REMINDER FROM

☒ STAR
☒ CHIP
☒ STAR+PLUS

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Timely Documentation = Timely Therapy Treatment

Attention Primary Care Providers: To ensure EPH Medicaid and CHIP members receive the therapy services they need without delays, it is critical to send required request documents to therapy providers as soon as possible.

Why it matters:

- **Therapy services (PT, OT, ST) require prior authorization.**
- **Missing or late documents can delay critical treatments.**
- **Timely care means better outcomes and healthier futures.**

What You Can Do:

- **Submit all evaluation referrals and supporting medical records promptly.**
- **Respond quickly to any requests for additional documentation.**
- **Double-check that forms are complete and signed before sending.**

Quick Tips for Success:

- **Assign a point person to track therapy requests.**
- **Set a standard goal to send documents within 48 hours of request.**
- **Communicate directly with therapy providers if questions arise.**

If you have any questions or concerns regarding this communication please contact our Provider Relations Team!

www.elpasohealth.com

- A Fax Blast Reminder was sent to all EPH Primary Care Providers (PCP) on April 30th 2025, emphasizing the importance of submitting timely documentation to therapy companies in order to avoid delays when authorizing services.

- To access provider communications, please visit our website at www.elpasohealth.com.
  1. Click on the **Provider** tab.
  2. Under **Provider Resources**, select **Provider Materials**.
  3. Scroll down to **Provider Updates** and select **Provider Update Archive**.
  4. From there, click on the **Provider Communications** tab.

  April 30. 2025 – April Reminder – Timely Documentation

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Depression Screening/Mental Health Screening

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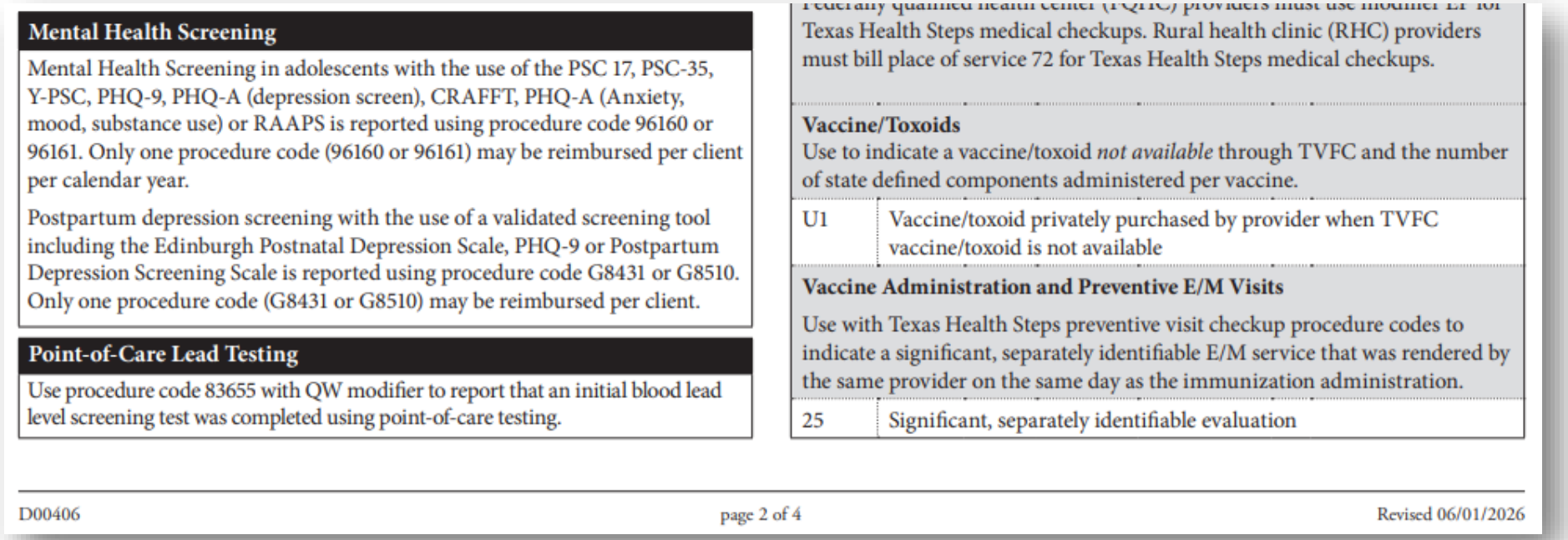
- Only one procedure code (G8431 or G8510) may be reimbursed per client.

[Texas Health Steps Quick Reference Guide]



Mental Health Screening

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Texas Health Steps medical checkups. Rural health clinic (RHC) providers must bill place of service 72 for Texas Health Steps medical checkups.

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U1	Vaccine/toxoid privately purchased by provider when TVFC vaccine/toxoid is not available

Vaccine Administration and Preventive E/M Visits

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25	Significant, separately identifiable evaluation

D00406 page 2 of 4 Revised 06/01/2026

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CLIA Implementation DELAYED – CLIA Certification Requirement in PEMS

MEMORANDUM

El Paso Health
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☒ STAR ☒ CHIP ☒ STAR+PLUS

TO: Valued Providers
FROM: El Paso Health
DATE: 06/02/2026
RE: **CLIA Implementation DELAYED – "CLIA CERTIFICATION REQUIREMENT IN PEMS"**

The Health and Human Services Commission (HHSC) requires all Texas Medicaid and CHIP Managed Care Organizations (MCOs) to verify that providers billing for laboratory services maintain active and appropriate Clinical Laboratory Improvement Amendments (CLIA) certifications within the Provider Enrollment and Management System (PEMS).

Mandatory Implementation has been DELAYED

To prevent provider impact, the June 1, 2026, CLIA implementation to complete any necessary changes for EPH claim systems to accommodate the CLIA hard edit to start denying claims that lack the appropriate CLIA certification based on PEMS data has been delayed until further notice. As a result, the CLIA attestation deadline of June 5, 2026, has also been delayed.

HHSC has not yet determined a new effective date for when EPH will be required to start denying claims that lack the appropriate CLIA certification based on PEMS data. The current estimate is to delay the CLIA implementation for at least three months. HHSC will provide a new implementation date in the future.

Updating CLIA Certifications in PEMS is still Required

Providers can update their CLIA information in PEMS through PEMS Maintenance – License transactions, PEMS Existing Enrollment transactions, or PEMS Revalidation transactions.

- If providers are disenrolled, they must update their CLIA information through a PEMS Reenrollment request.
- If providers are enrolled and outside of their revalidation window, they can update it through a PEMS Maintenance or PEMS Existing Enrollment request.
- If providers are enrolled and within their revalidation window, they can update their CLIA information through a PEMS Revalidation or PEMS Maintenance request if they have not yet submitted a Revalidation application. Providers that have already submitted a Revalidation application cannot access a PEMS Maintenance request.

For more information about updating CLIA certifications in PEMS, refer to www.tmhp.com/topics/provider-enrollment/pems/licenses.

Updating CLIA Information During Revalidation
Providers must update their CLIA information during their provider enrollment revalidation by providing the relevant information on the **License/Certification/Accreditation** tab in PEMS.

Providers can verify their revalidation date and enrollment information in PEMS. A provider can complete their revalidation up to 180 calendar days before their revalidation due date. For more information, visit How to Apply for Enrollment | TMHP page on tmhp.com, click on **Determine Your Application Type**, and scroll to the **Revalidation** heading.

If you have any questions regarding this communication please contact our Provider Relations team at 915-532-3778 or email us at ProviderServicesDG@elpasohealth.com

EPHP111542605

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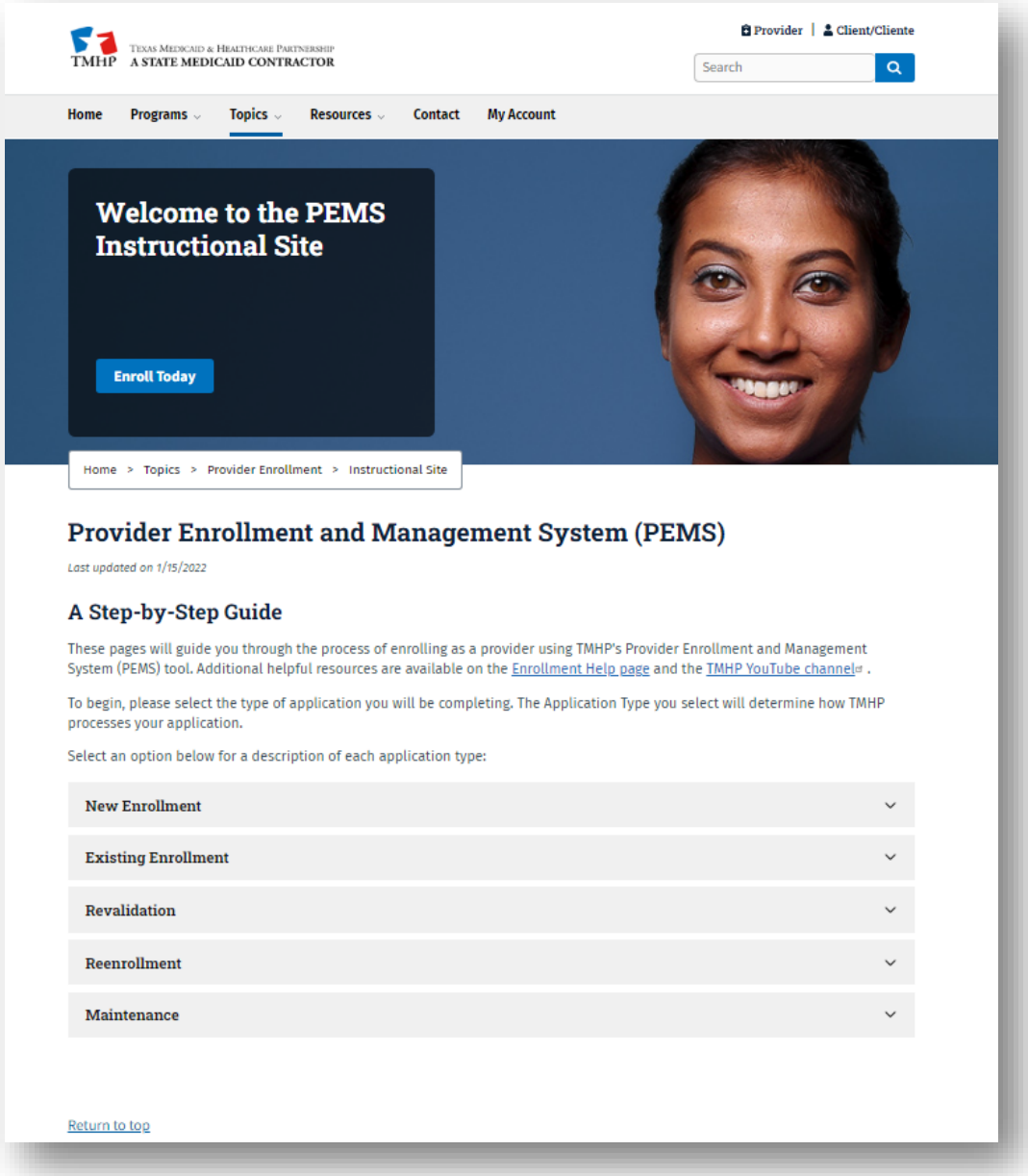
Provider Enrollment and Management System (PEMS)



Utilize PEMS system for the following:

- New Enrollment
- Existing Enrollment
- Revalidation
- Re-enrollment
- Maintenance – update demographic information

Log into PEMS account on a monthly basis to ensure accuracy of provider information.

[Provider Enrollment and Management System (PEMS) | TMHP]

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Overpayment Process

In the event a Provider becomes aware of an overpayment prompt notification shall be reported to El Paso Health. Overpayments shall be returned within 60 days from date of reporting. El Paso Health will proceed to recover the balance through future claim payments.

Provider Overpayment Reporting:

- Email Provider_Overpayments@elpasohealth.com, or
- Contact the Provider Relations at 915-532-3778 or toll free 1-877-532-3778.

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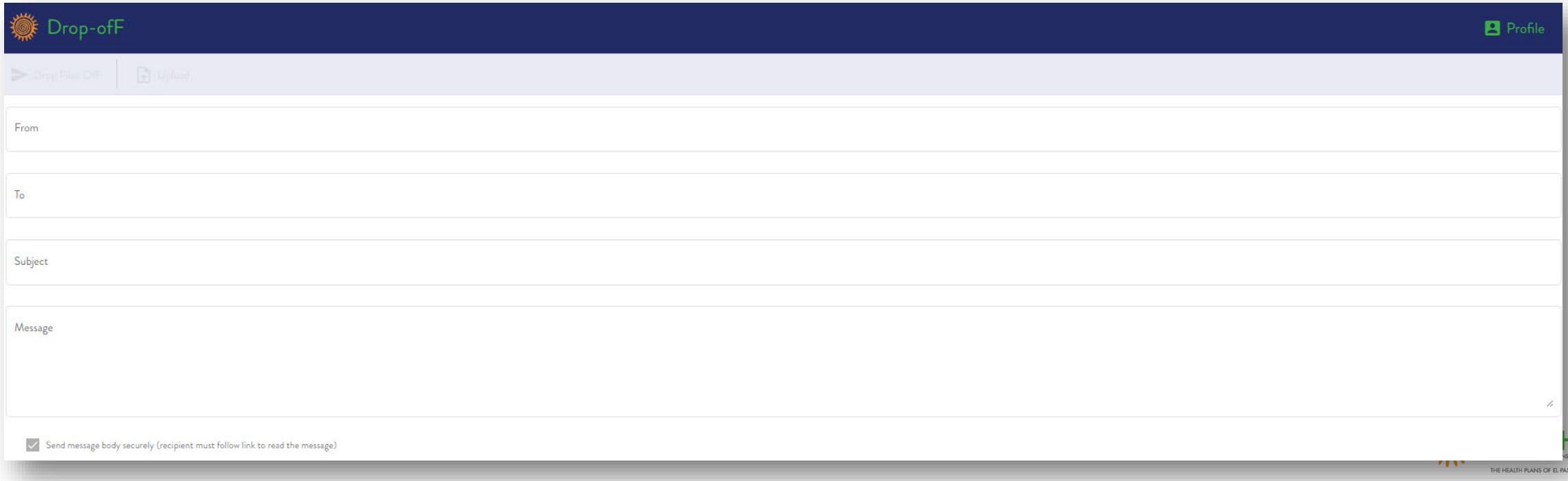
Required Information

- Facility Information (Name, TIN and NPI)
- Patient Information: (Member Name, ID and DOB)
- Claim Information: (Claim #, DOS and Billed Amount)
- Reason for Recoupment



In-Network Laboratory

10767 Gateway West, Ste 420
El Paso, TX 79935
W: 866-697-8378

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Physician Account Executive
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F: 915-996-9581

Mark Espinoza
Physician Account Manager
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D: 915-590-1017
F: 915-996-9578

Paula N Duran
Physician Account Executive – Southwest Region
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Quality Improvement Program & Initiatives

Quality Improvement Program

El Paso Health's Quality Improvement Program aims to enhance patient safety and member outcomes by ensuring coordinated, evidence-based, patient-centered care through a committed provider network, in alignment with our mission.

Our QI Program is designed to improve:

- Quality of care for all physical and behavioral health care and services
- Member and Provider satisfaction
- Member safety
- Access to services

Quality Assurance and Performance Improvement Program	
Pay for Quality (P4Q) 3% Premium at Risk	Medical Chart Reviews and Provider Education
HEDIS Hybrid Medical Chart Reviews	Provider Profiling and Data Analysis
Performance Improvement Projects (PIPs)	HHSC Deliverables
Quality Improvement Committee (QIC) • Adverse Events • Mortalities • Provider and Member Quality of Complaints	• Quality Assessment and Performance Improvement Evaluation • Administrative Interview Tool • Provider Appointment Accessibility and Availability Surveys
Operations Improvement Committee (OIC)	

Accessibility and Availability

Regulatory mandate - Texas Department of Insurance (TDI) and Health and Human Services Commission (HHSC)

Accessibility: appointment available **within a specific time frame (calendar days)**

Availability (PCPs only): after hours availability; **must return call within 30 minutes.**

Includes OB Providers designated as a PCP

- *5 pm to 8:30 am, Monday through Friday*
- *Any time Saturday and Sunday*

Monitoring Efforts

- State-wide secret shopper calls (Senate bill 760)
- EPH surveys by QI Department

✓ **Please keep Provider Directories updated!**

Provider Contract Requirement:
Participation in Quality Improvement initiatives and activities. This includes access and availability surveys.

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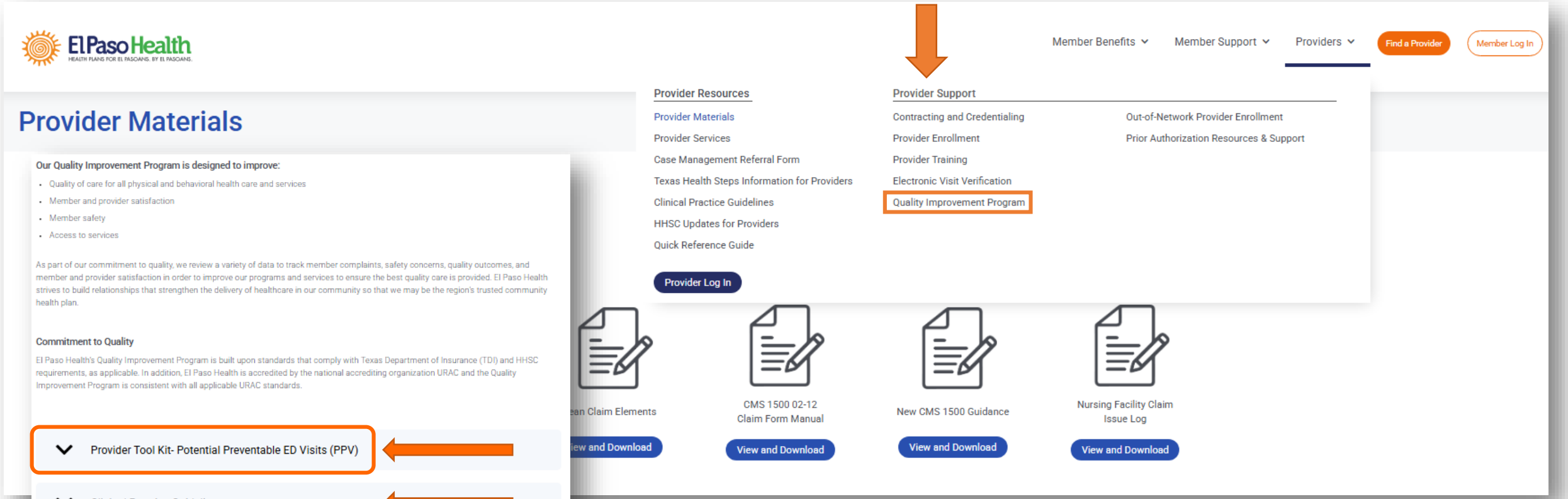
Resources on Website



[Quality Improvement Program | El Paso Health]

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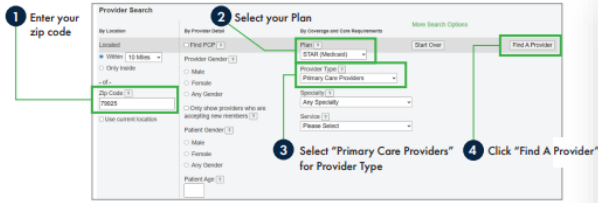
TAKE CHARGE of YOUR HEALTH

Find the care you need, when you need it. Put these plans in place, and you can save time and money while staying well.

1. Find a Primary Care Provider (PCP)

- Your PCP should be your first call when you get sick or need a screening or test.
- Your PCP is someone you can trust who knows your needs and works with you to meet your goals.
- Use this link to find a PCP right for you.
  secure.healthx.com/elpasoPDmember



2. Make smart choices for quick care

Do you have an urgent care need that can't wait?

Scan this QR code to see the full list of in-network urgent care centers and night clinics around El Paso.

3. Not sure what to do?

Call the Medical Advice Infoline for guidance!

FIRSTCALL
MEDICAL ADVICE INFOLINE
Available 24 Hours/7 Days A Week
CALL 1-844-549-282

EPHM11022505

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Where Should You Go for Care *for You or Your Child?*

Primary Care Provider (PCP)

Call or see your PCP for regular medical problems and most urgent care needs.

- Check-ups or physicals
- Flu shots or other vaccines
- Medication refills or changes
- Routine tests
- Common illness
- Health advice
- Referral to a specialist
- Your regular medical problems
- ...and most things on the urgent care list!

Call your PCP about:
- High fevers
- Persistent vomiting

Urgent Care

Go to an Urgent Care Center for common things that need to be treated soon, but only if your doctor is not available.

- Bladder infections
- Cuts requiring stitches
- Mild Fever
- Sore throat
- Vomiting or diarrhea
- Congestion
- Dehydration
- Minor burns
- Sports injuries
- Ear aches
- Headache
- Rash
- Stiff Neck

Emergency Room

Go to the ER for serious life or limb threatening conditions.

- Broken bones, shifted out of place
- Difficulty breathing or speaking
- Lethargic or hard to wake
- Severe asthma or allergic reaction
- Severe burns or laceration
- Head or eye injury
- Loss of consciousness
- Poisoning or overdoes
- Traumatic injury
- Turning blue or pale

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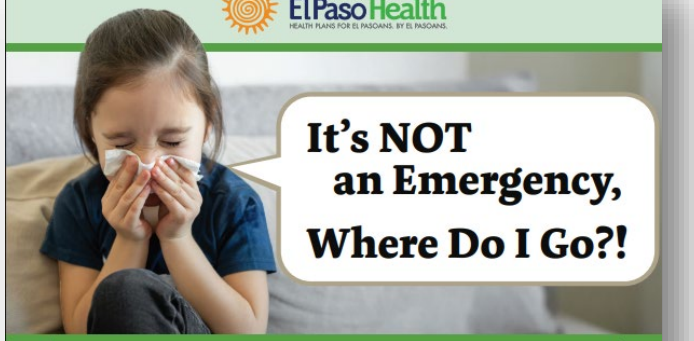


It's NOT an Emergency, Where Do I Go?!

Emergency Rooms (ER) are becoming more crowded and, as a result, patients are having to wait longer for care. It is important to know that most problems are not emergencies. They can be treated in your doctor's office or at an after- hours night clinic. Night clinics and urgent care clinics provide treatment to illness and injuries that are not emergencies but need treatment the same day. They also provide quality treatment with less wait time than an ER room.

It is important to know when to go to the ER as it could save your life. But when a problem is not serious, it is better to treat your illness at home, or see your primary care doctor.

Examples

When to go to the ER

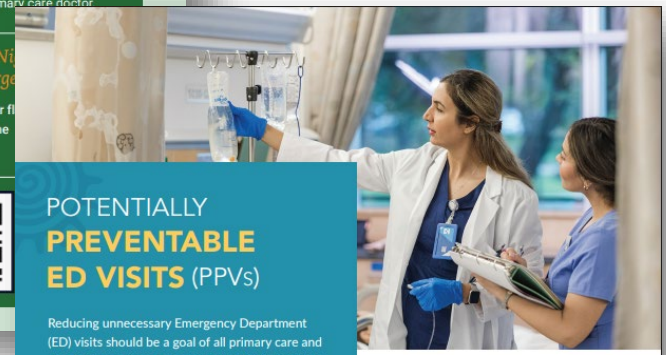
- Broken bone(s)
- Chest pain
- Severe burns
- Risk of hurting self or others
- Cannot breathe
- Head or neck injury
- Severe bleeding

When to go to a Ni or an Urge

- Cough
- Diarrhea
- Vomiting
- Cold or fl
- Earache

Where can you go?

Scan the QR Code to find your nearest in-network urgent care center or night clinic



POTENTIALLY
PREVENTABLE ED VISITS (PPVs)

Reducing unnecessary Emergency Department (ED) visits should be a goal of all primary care and specialty practices. Unnecessary ED visits burden the health care system as they are costly and consume resources that other individuals with more acute needs may need.

How can our providers help reduce PPVs?

- Inform and educate patients.
- Provide post ED follow-up.
- Offer After Hours availability. Providing 24/7 access to advice about urgent and emergent care.
- Offer alternatives to regular face to face visits with physician, such as telehealth.

What is El Paso Health doing to support members?

- Supportive Case Management Program
- Text messages to members identified with no history of PPVs that would typically get excluded from Case Management target.
- Transportation services
- 24-hour, 7-days-a-week access to Behavioral Health Crisis line.
- 24-hour, 7-days-a-week access to FIRSTCALL, a bilingual Medical Advice Infoline staffed by nurses, pharmacists, and a Medical Director on call.

Up to date night clinic and urgent care fliers are available on the EPH website.

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www.elpasohealth.com

EPHP8702405

Where Should You Go for Care?

¿Dónde Deberías Ir para Recibir Atención Médica?

Primary Care Provider (PCP)

Call or see your PCP for regular medical problems and most urgent care needs.

- Check-ups or physicals
- Common illness
- Flu shots or other vaccines
- Health advice
- Medication refills or changes
- Referral to a specialist
- Routine tests
- Your regular medical problems
- …and most things on the urgent care list!

Call your PCP about:

- High fevers
- Persistent vomiting

Proveedor de Atención Primaria (PCP)

Llama o visita a tu PCP para problemas médicos regulares y la mayoría de necesidades urgentes.

- Chequeos o exámenes físicos
- Enfermedades comunes
- Vacunas contra la gripe u otras
- Consejos de salud
- Renovación o cambio de medicamentos
- Referencia a un especialista
- Pruebas de rutina
- Tus problemas médicos regulares
- …¡y la mayoría de las cosas en la lista de atención urgente!

Llama a tu PCP si tienes:

- Fiebres altas
- Vómitos persistentes

Urgent Care

Go to an Urgent Care Center for common things that need to be treated soon, but only if your doctor is not available.

- Bladder infections
- Congestion
- Cuts requiring stitches
- Dehydration
- Ear aches
- Headache
- Mild Fever
- Minor burns
- Rash
- Sore throat
- Sports injuries
- Stiff Neck
- Vomiting or diarrhea

Atención Urgente

Ve a un Centro de Atención Urgente para problemas comunes que necesitan tratamiento pronto, pero solo si tu médico no está disponible.

- Infecciones urinarias
- Congestión
- Cortes que requieren puntos
- Deshidratación
- Dolores de oído
- Dolor de cabeza
- Fiebre leve
- Quemaduras menores
- Sarpullido
- Dolor de garganta
- Lesiones deportivas
- Rigidez en el cuello
- Vómitos o diarrea

Emergency Room

Go to the ER for serious life or limb threatening conditions.

- Broken bones, shifted out of place
- Difficulty breathing or speaking
- Head or eye injury
- Lethargic or hard to wake
- Loss of consciousness
- Poisoning or overdoses
- Severe asthma or allergic reaction
- Severe burns or laceration
- Traumatic injury
- Turning blue or pale

Sala de Emergencias

Ve a la sala de emergencias para condiciones graves que amenacen la vida o una extremidad.

- Huesos rotos o fuera de lugar
- Dificultad para respirar o hablar
- Lesiones en la cabeza o los ojos
- Somnolencia extrema o dificultad para despertar
- Pérdida del conocimiento
- Envenenamiento o sobredosis
- Asma severa o reacción alérgica grave
- Quemaduras o cortaduras graves
- Lesiones traumáticas
- Coloración azul o pálida en la piel

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AFTER HOURS CARE

Atención después de horario

TEXAS Health and Human Services

TEXAS STAR Your Health Plan ★ Your Choice

TEXAS STAR PLUS Your Health Plan ★ Your Choice

CHIP

urac ACCREDITED

For more information, please call 915-5
or toll free at 1-877-532-3778.
Para mas informacion, por favor llame a
915-532-3778 o llame gratis al 1-877-532

EPHM8372402 02/26/2024

FRONT

BACK

Urgent Care

1. **Cimarron CareNow Urgent Care**
   7480 Paseo Del Norte Blvd. • (915) 308-2060
2. **West El Paso CareNow Urgent Care**
   7845 N Mesa St., Ste. A • (915) 206-4690
3. **Pininos Urgent Care**
   4321 N. Mesa, Ste B • (915) 304-0088
4. **Kenworthy CareNow Urgent Care**
   10765-A Kenworthy St. • (915) 320-4021
5. **Viscount CareNow Urgent Care**
   9100 Viscount Blvd., Ste. F and H • (915) 594-4475
6. **East El Paso CareNow Urgent Care**
   9640 Montwood Dr., Ste. C • (915) 401-8100
7. **Edgemere CareNow Urgent Care**
   12371 Edgemere Blvd., Ste. 207-209
   (915) 856-0008
8. **North Zaragoza CareNow Urgent Care**
   1801 Zaragoza Rd. • (915) 249-3106
9. **Paseo Nuevo Urgent Care PLLC**
   12350 Paseo Nuevo Dr. • (915) 777-3493
10. **El Paso Children's Urgent Care**
    3260 N. Zaragoza Rd., Building D Ste. 407
    (915) 242-8406

Night Clinic

1. **Northeast Pediatric Night Clinic**
   10755 Kenworthy Dr. • (915) 821-2300
2. **Central Texas Pediatric Night Clinic**
   7888 Gateway Blvd. East • (915) 593-6444
3. **PediCarePM PLLC**
   9001 Cashew Dr., Suite 100 • (915) 209-7382

UMC Urgent Care Center

1. **12261-C Eastlake Blvd. • (915) 521-7979**

UrgentCare2go Mobile Unit

(817) 508-8169 • Appointment required

AFTER-HOURS CARE IS OPEN LATE!

¡Las clínicas nocturnas están abiertas después del horario de oficina!

- Your PCP may offer Telehealth services after hours.
  Su médico puede ofrecer servicios de telesalud fuera del horario laboral.
- For a full list of clinics and providers, visit www.elpasohealth.com or call 915-532-3778.
  Para obtener una lista completa de clínicas y proveedores visite www.elpasohealth.com o llame al 915-532-3778.

For more information, scan QR code below.

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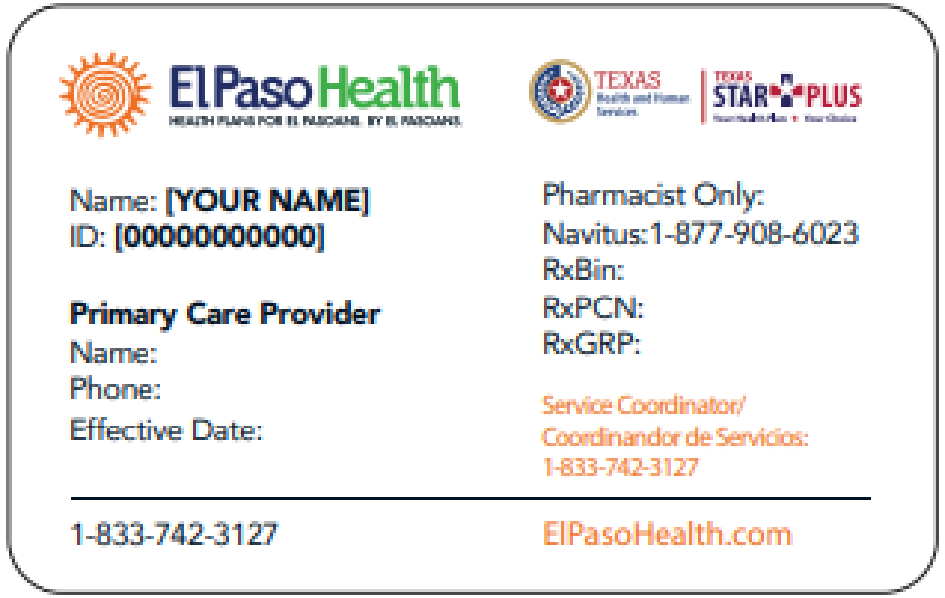
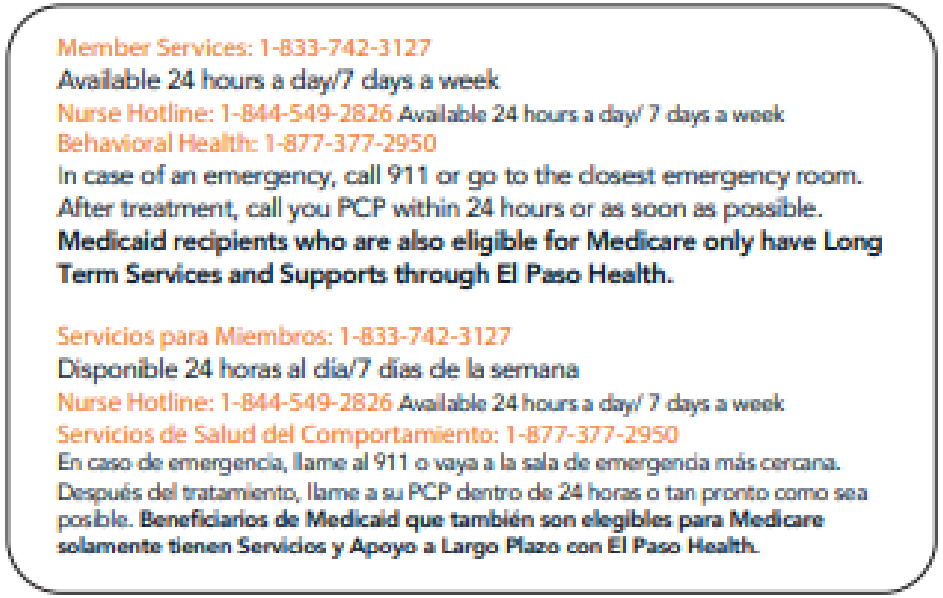
Member Services

STAR+PLUS Member ID Card

Members will receive their Member ID card in the mail as soon as they are enrolled with El Paso Health. Here's what the front and back of the El Paso Health Member ID card looks like. If a member did not receive this card, please call El Paso Health Toll Free at 1-833-742-3127.





If your ID card is lost or stolen, you can request a replacement by**:**

- Calling us toll-free at **1-833-742-3127** (STAR+PLUS)
- Emailing us at **member@elpasohealth.com**

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Member Services

Call Center Representatives

Our Member Services Department can assist with:

- Eligibility
- Claim Status and Inquiries
- Authorizations Status and Inquiries
- Covered Services

You can reach our Member Services Department:

- STAR+PLUS Phone: 1-833-742-3127
- STAR & CHIP Phone: 1-877-532-3778

Hours of Operation: Monday-Friday, 8 a.m. to 5 p.m. (Mountain Time excluding state approved holidays)

*Interpreter services are available.

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Forms of Eligibility Verification

- El Paso Health **Provider Web Portal**
- **Telephonically**:
  - STAR+PLUS: 1-833-742-3127
  - STAR & CHIP: 1-877-532-3778
- **Texas Medicaid Benefit Card**
- **TexMedConnect** https://secure.tmhp.com/TexMedConnect

Note: It is recommended to verify Eligibility the first of each month using El Paso Health provider portal or by contacting Member Services

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Medicaid Acute Care Covered Services

El Paso Health gives members every covered service that they are entitled to get through Medicaid and sometimes more!

- Ambulance Services
- Applied Behavior Analysis
- 24-hour emergency care from an emergency room
- Acute Behavior Analysis (ABA) A checkup every year
- Behavioral (mental) health services
- Birthing center services
- Cancer screening, diagnostic and treatment services
- Chiropractic (back doctor) services
- Dialysis (help from a machine) for kidney problems
- Durable medical equipment and supplies (wheelchairs)
- Ear doctor visits and hearing aids
- Emergency Services
- Family planning services and supplies (such as birth control)
- Help with substance abuse (such as alcohol or drugs)
- Home health services (health care at home)
- Hospital care with an "OK" from El Paso Health
- Human Papillomavirus (HPV) vaccine is a benefit for males who are 9 through 45 years of age
- Laboratory services
- Mastectomy and breast reconstruction procedures

- Needed medical care for adults and children
- None Emergency Medical Transportation (NEMT)
- Oral evaluation and fluoride varnish
- Prenatal care
- Primary care services to help you stay well
- Specialty physician services
- Podiatry
- Prenatal Care
- Primary Care Services
- Preventative services including adult well check for patients 21 years old and older
- Radiology, imaging and X-rays
- Specialty physician services
- Surgery without staying in the hospital overnight
- The use of an ambulance, if you need it
- Telehealth/Telemedicine
- Therapies – physical, speech, and occupational
- Transplantation of organs and tissues (such as heart or kidney)
- Vision (eye exams and glasses)

EPH Provider Manual

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Member Cost Sharing Obligations

STAR / STAR+PLUS	CHIP / CHIP Perinate
Providers may not bill STAR and STAR+PLUS members directly for covered services. Providers may inform members of costs for non-covered services and secure a private pay form prior to rendering Members do not have co-payments.	Co-payments for medical services or prescription drugs are paid to the health care provider at the time of service. Members who are Native American or Alaskan Native are exempt from all cost-sharing obligations, including enrollment fees and co-pays. No cost-sharing on benefits for well baby and well child services, preventative services, or pregnancy related assistance, behavioral health visits in an office setting and SUD. (Substance Use Disorder)

Additional details can be found in the Provider Materials | El Paso Health.

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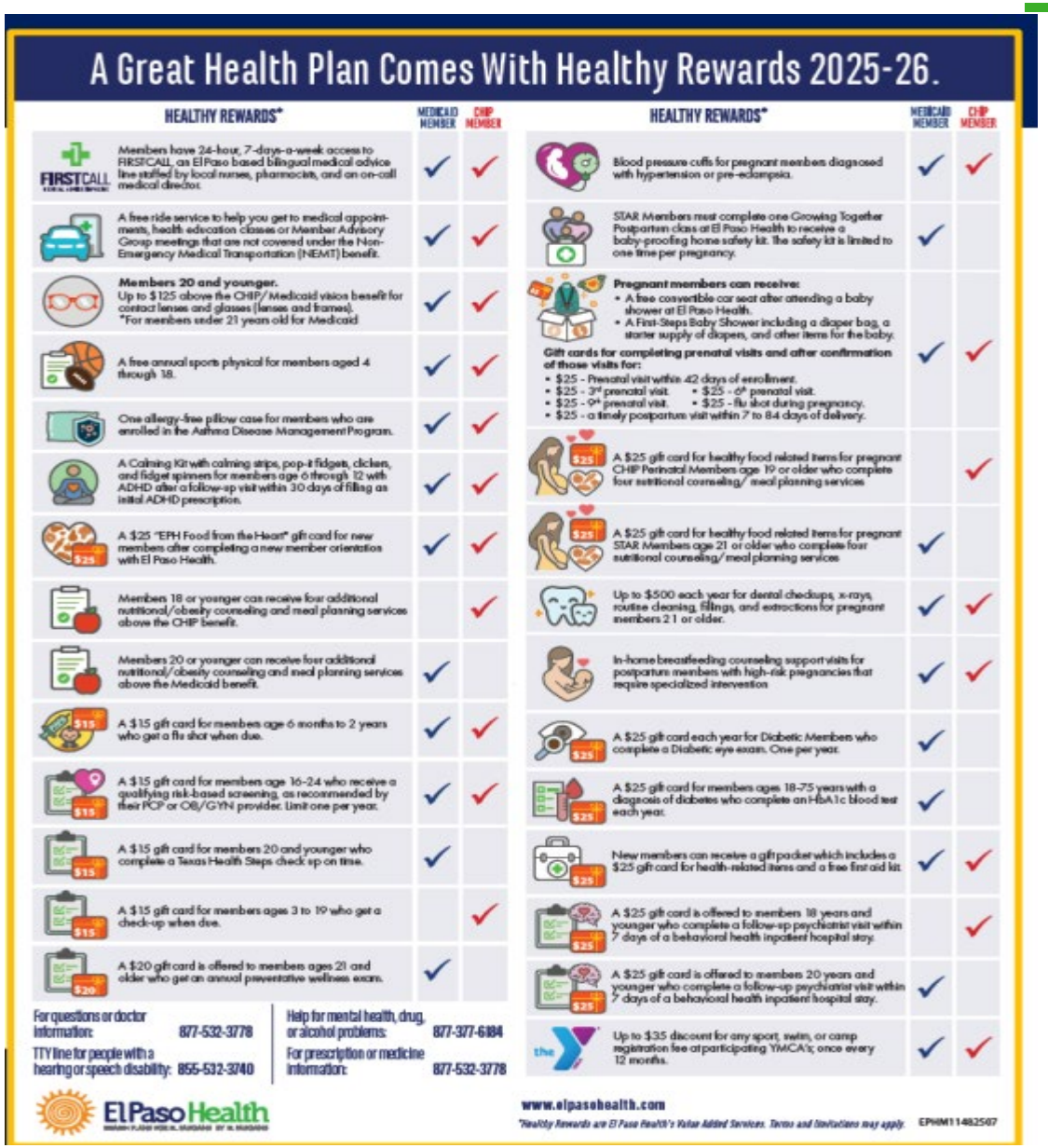
STAR & CHIP - Healthy Rewards



A Great Health Plan Comes With Healthy Rewards 2025-26.

HEALTHY REWARDS*	MEDICAID MEMBER	CHIP MEMBER
Members have 24-hour, 7-days-a-week access to FIRSTCALL, an El Paso based bilingual medical advice line staffed by local nurses, pharmacists, and an on-call medical director.	✓	✓
A free ride service to help you get to medical appointments, health education classes or Member Advisory Group meetings that are not covered under the Non-Emergency Medical Transportation (NEMT) benefit.	✓	✓
Members 20 and younger. Up to $125 above the CHIP/Medicaid vision benefit for contact lenses and glasses (lenses and frames). *For members under 21 years old for Medicaid	✓	✓
A free annual sports physical for members aged 4 through 18.	✓	✓
One allergy-free pillow case for members who are enrolled in the Asthma Disease Management Program.	✓	✓
A Calming Kit with calming strips, pop-it fidgets, clickers, and fidget spinners for members age 6 through 12 with ADHD after a follow-up visit within 30 days of filling an initial ADHD prescription.	✓	✓
A $25 "EPH Food from the Heart" gift card for new members after completing a new member orientation with El Paso Health.	✓	✓
Members 18 or younger can receive four additional nutritional/obesity counseling and meal planning services above the CHIP benefit.		✓
Members 20 or younger can receive four additional nutritional/obesity counseling and meal planning services above the Medicaid benefit.	✓	
A $15 gift card for members age 6 months to 2 years who get a flu shot when due.	✓	✓
A $15 gift card for members age 16-24 who receive a qualifying risk-based screening, as recommended by their PCP or OB/GYN provider. Limit one per year.	✓	✓
A $15 gift card for members 20 and younger who complete a Texas Health Steps check up on time.	✓	
A $15 gift card for members ages 3 to 19 who get a check-up when due.		✓
A $20 gift card is offered to members ages 21 and older who get an annual preventative wellness exam.	✓	

HEALTHY REWARDS*	MEDICAID MEMBER	CHIP MEMBER
Blood pressure cuffs for pregnant members diagnosed with hypertension or pre-eclampsia.	✓	✓
STAR Members must complete one Growing Together Postpartum class at El Paso Health to receive a baby-proofing home safety kit. The safety kit is limited to one time per pregnancy.	✓	
Pregnant members can receive: • A free convertible car seat after attending a baby shower at El Paso Health. • A First-Steps Baby Shower including a diaper bag, a starter supply of diapers, and other items for the baby. **Gift cards for completing prenatal visits and after confirmation of those visits for:** • $25 - Prenatal visit within 42 days of enrollment. • $25 - 3rd prenatal visit. • $25 - 6th prenatal visit. • $25 - 9th prenatal visit. • $25 - flu shot during pregnancy. • $25 - a timely postpartum visit within 7 to 84 days of delivery.	✓	✓
A $25 gift card for healthy food related items for pregnant CHIP Perinatal Members age 19 or older who complete four nutritional counseling/ meal planning services		✓
A $25 gift card for healthy food related items for pregnant STAR Members age 21 or older who complete four nutritional counseling/ meal planning services	✓	
Up to $500 each year for dental checkups, x-rays, routine cleaning, fillings, and extractions for pregnant members 21 or older.	✓	✓
In-home breastfeeding counseling support visits for postpartum members with high-risk pregnancies that require specialized intervention	✓	✓
A $25 gift card each year for Diabetic Members who complete a Diabetic eye exam. One per year.	✓	
A $25 gift card for members ages 18-75 years with a diagnosis of diabetes who complete an HbA1c blood test each year.	✓	
New members can receive a gift packet which includes a $25 gift card for health-related items and a free first aid kit	✓	✓
A $25 gift card is offered to members 18 years and younger who complete a follow-up psychiatrist visit within 7 days of a behavioral health inpatient hospital stay.		✓
A $25 gift card is offered to members 20 years and younger who complete a follow-up psychiatrist visit within 7 days of a behavioral health inpatient hospital stay.	✓	
Up to $35 discount for any sport, swim, or camp registration fee at participating YMCA's; once every 12 months.	✓	✓

For questions or doctor information: 877-532-3778
TTY line for people with a hearing or speech disability: 855-532-3740
Help for mental health, drug, or alcohol problems: 877-377-6184
For prescription or medicine information: 877-532-3778

El Paso Health

www.elpasohealth.com

*Healthy Rewards are El Paso Health's Value Added Services. Terms and limitations may apply. EPHM11482507

Current STAR & CHIP Healthy Rewards for SFY 2025 - 2026

*Stay tuned for upcoming Healthy Rewards for 2026-2027

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STAR+PLUS – Value Added Services

El Paso Health STAR+PLUS Value Added Services 2025-26

	At Home		Nursing Facilities	
	Medicaid Only	Dual	Medicaid Only	Dual
Help Getting a Ride A free ride service to help you get to appointments, health education classes, non-medical drivers of health locations, or Member Advisory Group meetings that are not covered under the NEMT benefit.	✓	✓	N/A	N/A
Dental Services Dual eligible members receive up to $1,000 each year for dental check-ups, x-rays, cleanings, filling and simple tooth extractions for STAR+PLUS non-HCBS waiver members. Medicaid only members receive up to $600 each year for dental check-ups, x-rays, and cleanings (no extractions) for non-HCBS waiver members.	✓ $300 allowance	✓ $1,000 allowance	✓ $600 allowance	✓ $1,000 allowance
Extra Vision Services $125 eyewear allowance towards upgrades for frames, lenses, or contacts every two years and get one routine eye exam every two years.	✓ $125 biennial allowance	N/A	✓ $125 biennial allowance	N/A
Extra Foot Doctor (Podiatry) Services Additional routine foot doctor (podiatry) visits each year.	✓ 2 visits	✓ 2 visits	✓ 4 visits	✓ 2 visits
Over-the-Counter Benefits / Utility Assistance Up to $160 once a year: $40 gift card every three months, for use towards utilities, over-the-counter medicines and other medical or health-related supplies not covered by Medicaid, upon request.	✓	✓	N/A	N/A
Emergency Response Services (ERS) Emergency response services for STAR+PLUS non-HCBS waiver members age 21 and older.	✓	✓	N/A	N/A
Home Visits Up to an extra 20 hours respite services for STAR+PLUS non-HCBS waiver members age 21 and older.	✓	✓	N/A	N/A
Extra Hearing Services $2,000 allowance toward hearing aids, every two years.	N/A	✓	N/A	✓
Healthy Eats Program Members can participate in the Healthy Eats Program and receive a $50 gift card each quarter to obtain nutritious food. • Medicaid only: Diabetic non-dual member • Dual: Diabetic Non-HCBS waiver members	✓	✓	N/A	N/A
Delivered Meals Up to 14 healthy home-delivered meals for STAR+PLUS non-HCBS waiver members after being discharged from a hospital or nursing facility.	✓	✓	N/A	N/A
Meal Planning Four additional nutritional counseling/meal planning services for diabetic STAR+PLUS non-HCBS waiver members.	✓	✓	N/A	N/A
Get Fit Program STAR+PLUS members can participate in the El Paso Health Get Fit Program at the YMCA.	✓	✓	N/A	N/A

El Paso Health | Texas Health and Human Services | Texas STAR+PLUS

Restrictions and limitations may apply.

El Paso Health STAR+PLUS Value Added Services 2025-26

	At Home		Nursing Facilities	
	Medicaid Only	Dual	Medicaid Only	Dual
Care Kit Receive a free personal blanket, skid proof socks, an accessory tote bag, and a large print digital clock.	N/A	N/A	✓	✓
Pest Repellent Pest repellent wall plugs for members with Asthma or COPD and who are enrolled in El Paso Health's Disease Management Program.	✓	✓	N/A	N/A
Allergy-Free Pillow Case One allergy-free pillow case for members with Asthma or COPD who fill a new prescription and enroll in the Asthma Disease Management Program at El Paso Health.	✓	✓	N/A	N/A
GED Support for IDD Eligible members receive GED preparation support, help with finding test centers, and a voucher for test costs. One per member per lifetime.	✓	✓	N/A	N/A
Extra Help for Pregnant Women **Pregnant members can receive:** • A free convertible car seat after attending a baby shower at El Paso Health. • A First-Steps Baby Shower including a diaper bag, a starter supply of diapers, and other items for the baby. **Gift cards for completing prenatal visits and after confirmation of those visits for:** • $25 - Prenatal visit within 42 days of enrollment. • $25 - 3rd prenatal visit. • $25 - 6th prenatal visit. • $25 - 9th prenatal visit. • $25 - flu shot during pregnancy. • $25 - a timely postpartum visit within 7 to 84 days of delivery. **$25 gift card for healthy food related items for STAR+PLUS Medicaid Members age 21 or older who complete four nutritional counseling / meal planning services**	✓	✓	N/A	N/A
Grooming & Stylist Services $25 allowance toward grooming/stylist services each quarter.	N/A	N/A	✓	✓
Mental Health Follow-Up Care Incentive $25 gift card for members that complete a doctor follow-up visit within 30 days of hospital discharge for a mental illness condition. Limited one gift card every 30 days.	✓	N/A	✓	N/A
Gift Programs Members are eligible to receive a $25 gift card as a Thank You from El Paso Health for completing the following – **Preventative Services:** • $25 gift card for members after completing an annual wellness exam each year. • $25 gift card for members that get an annual flu shot and COVID-19 vaccine. • $25 gift card for members after completing an HbA1c blood test each year. • $25 gift card for members after completing a diabetic eye exam each year. • $25 gift card for members who have a follow-up doctor visit within 30 days of getting out of the hospital once a year. **Cancer Screenings:** • $25 gift card for female members ages 21-64 who get a recommended cervical cancer screening. (Once every 3 years) • $25 gift card for members 50-74 years of age who have at least 1 mammogram to screen for breast cancer. (Once every 2 years)	✓	N/A	✓	N/A

El Paso Health | Texas Health and Human Services | Texas STAR+PLUS

Restrictions and limitations may apply.

Non-Emergent Medical Transportation (NEMT) Services

NEMT services provide transportation to non-emergency health care appointments for members who have no other transportation options. These trips include rides to the doctor, dentist, hospital, pharmacy, and other places you get Medicaid services. These trips do NOT include ambulance trips.

Medical Transportation Management (MTM), an El Paso Health Partner, may be able to help STAR, CHIP and STAR+PLUS members with Non-Emergent Medical Transportation (NEMT) to Medicaid Services, to include:

- Public transportation
- A taxi or van service
- Money to purchase gas
- Commercial transit

To request transportation:

- Members must call MTM at 1-855-584-3530 (STAR+PLUS) or 1-844-572-8196 (STAR and CHIP)
- Arrangements must be made at least two days before appointment or five days before is appointment is outside the county.

Phones are answered 24 hours a day, 7 days a week, 365 days a year.

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First Call Medical Advice Infoline / Behavioral Health Crisis Line

El Paso Health offers members a medical advice info-line at no cost. Members will receive immediate information to take care of your medical or health concerns.

First Call: 1-844-549-2826

El Paso Health also offers members a crisis line for assistance with behavioral health.

STAR: 1-877-377-6147

CHIP: 1-877-377-6184

STAR+PLUS: 1-877-377-2950

- Staff is bilingual
- Interpreter services are available
- Open 24 hours a day, 7 days a week

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Pharmacy Benefit Manager

Navitus Health Solutions is El Paso Health's Pharmacy Benefit Manager for our STAR, CHIP & STAR+PLUS program. Providers (prescribers and pharmacies) may contact the Navitus Provider Hotline for questions regarding any of the following:

- Prior Authorizations
- Mail Order/Specialty Pharmacy services
- Point of Sale (POS) Claims processing
- Contracting and Credentialing

Navitus Provider Hotline 1-877-908-6023
Hours: 24 hours a day, 7 days a week
(Closed Thanksgiving and Christmas Day)

www.navitus.com

Pharmacies may refer to the Pharmacy Provider Procedure Manual for additional information and requirements.

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72 Hour Emergency Prescriptions

- 72-hour emergency overrides for prescriptions apply to:
  - non-preferred drugs on the preferred drug list, or
  - drugs that are subject to clinical prior authorization

- A 72-hour emergency supply allows the pharmacy to dispense a three day supply of medication in order to allow the prescriber time to submit a Prior Authorization (PA) request.
- If the prescribing provider cannot be reached or is unable to request a PA, the pharmacy should submit an emergency 72-hour supply override.
- Pharmacies will be paid in full for 72-hour emergency prescription claims; there is no cost to the member.
- Pharmacies may refer to the Pharmacy Provider Procedure Manual for additional information and requirements.

PCP Change Request Form

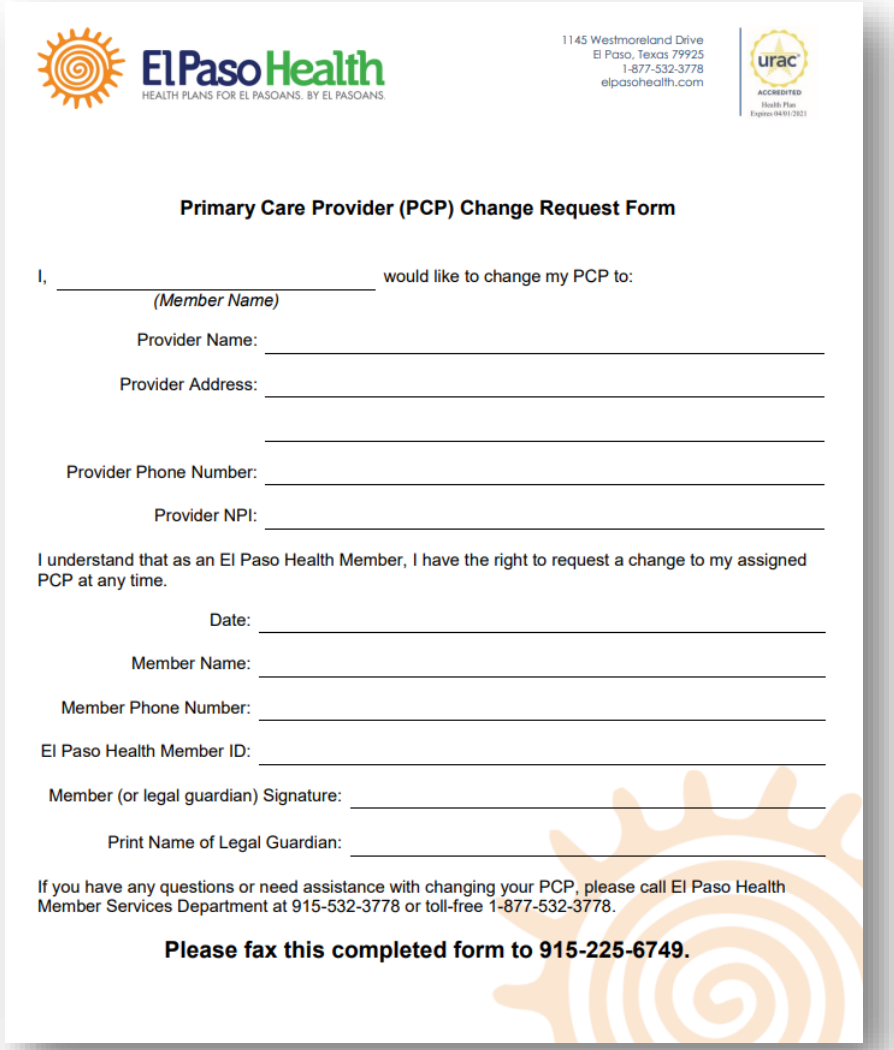
Providers can assist members in making PCP changes via fax rather than calling.

The “Primary Care Provider Change Request Form” can be found under the Provider section on our website under:

- Provider Resources
- Provider Materials
- Member Services Forms

We will honor the date on the fax as the effective date of the PCP change. (It may take 24-48 hours to reflect on the portal)

*Note: the member may also request a PCP change using the app or their member portal.



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1145 Westmoreland Drive
El Paso, Texas 79925
1-877-532-3778
elpasohealth.com

urac ACCREDITED Health Plan Expires 04/01/2021

Primary Care Provider (PCP) Change Request Form

I, _____ would like to change my PCP to:
(Member Name)

Provider Name: _____

Provider Address: _____

_____

Provider Phone Number: _____

Provider NPI: _____

I understand that as an El Paso Health Member, I have the right to request a change to my assigned PCP at any time.

Date: _____

Member Name: _____

Member Phone Number: _____

El Paso Health Member ID: _____

Member (or legal guardian) Signature: _____

Print Name of Legal Guardian: _____

If you have any questions or need assistance with changing your PCP, please call El Paso Health Member Services Department at 915-532-3778 or toll-free 1-877-532-3778.

Please fax this completed form to 915-225-6749.

https://www.elpasohealth.com/documents/PCP-Change-Request-Form-Eng-and-Span.pdf

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C.A.R.E.S and the Community Connection Unit

Food From the Heart Food Distribution

- El Paso Health in partnership with El Pasoans Fighting Hunger holds a monthly food pantry for the El Paso community.
- The Food Pantry is drive thru only.
- It is typically held the last Saturday of the month (some months may vary).
- The event is from 8:30 am to 10:30 am (or until the food runs out).
- For more information on dates and times, contact the Community Connection Unit at El Paso Health, 915-532-3778

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First Steps Baby Showers

El Paso Health Members Only

Baby showers are held in-person

Information Provided at Baby Shower:

- Your Medical Benefits
- Prenatal Care
- Breastfeeding
- Labor and Delivery
- Postpartum Care
- Newborn Care
- Texas Health Steps
- Car Seat Safety

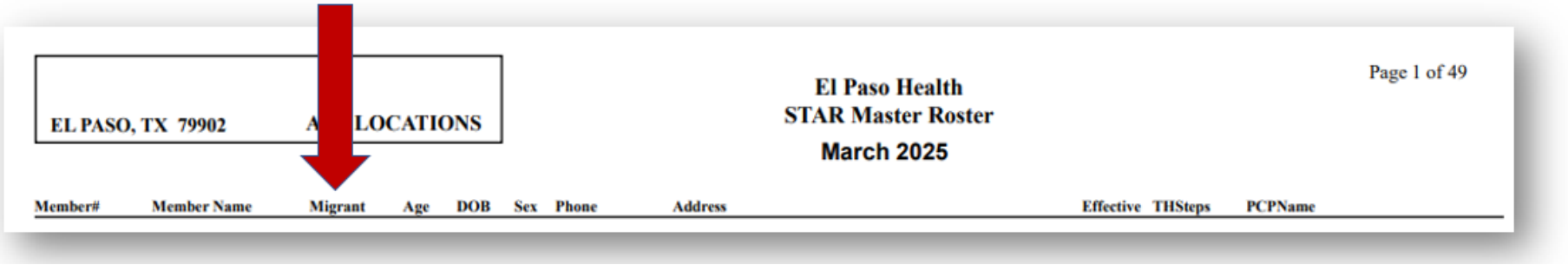
Spanish and English Classes Available

Register for the next baby shower by visiting:
https://www.elpasohealth.com/members/first-steps.html

Children of Parents Who Travel for Work

Migrant Farm Workers

- State initiative to provide services to children of traveling farmworkers.
- Coordinate preventive health care services before child travels out of Texas.
- Service needs determined on a case-by-case basis according to age, periodicity schedule, and health care needs.
- Complete Accelerated Services Request Referral form received by EPH Outreach Coordinator for FWC traveling out of Texas.
- Cooperate and coordinate with the State, outreach programs, and school districts.
- An indicator was introduced to the STAR/CHIP Master Roster.



EL PASO, TX 79902 A LOCATIONS

El Paso Health
STAR Master Roster
March 2025

Page 1 of 49

Member#	Member Name	Migrant	Age	DOB	Sex	Phone	Address	Effective	THSteps	PCPName

Member Contact

- Post cards
- Auto-dialer
- Text Messages

Estimado miembro, permítanos ayudarle:

El Paso Health tiene servicios especiales de Medicaid para niños de trabajadores del campo que viajan por el trabajo, por eso nos gustaría saber lo siguiente:

¿Es usted trabajador del campo que viaja por el trabajo?
Si ◯ No ◯

¿En la pizca de cebolla, chile, lechuga, tomate, uvas, nueces, etc...?
Si ◯ No ◯

¿Empacando o procesando vegetales, frutas, leche, etc...?
Si ◯ No ◯

Si contestó **SI** a alguna de las preguntas, por favor comuníquese con la Coordinadora al **915-532-3778.** Con gusto le ayudaremos a obtener los servicios médicos que su(s) hijo(as) necesitan. ¡Gracias por su tiempo!

Dear member, let us help you:

El Paso Health has special Medicaid services for children of traveling farm workers. To help you receive these services, we would like to know the following:

Are you a farm worker that travels for work?
Yes ◯ No ◯

Picking onions, chile, lettuce, tomatoes, grapes, pecans, etc...?
Yes ◯ No ◯

Packing or processing vegetables, fruits, dairy, etc...?
Yes ◯ No ◯

If you answered **YES** to any of these questions, please contact our Coordinator at **915-532-3778.** We will be happy to help you get the medical services your children need. Thank you for your time!

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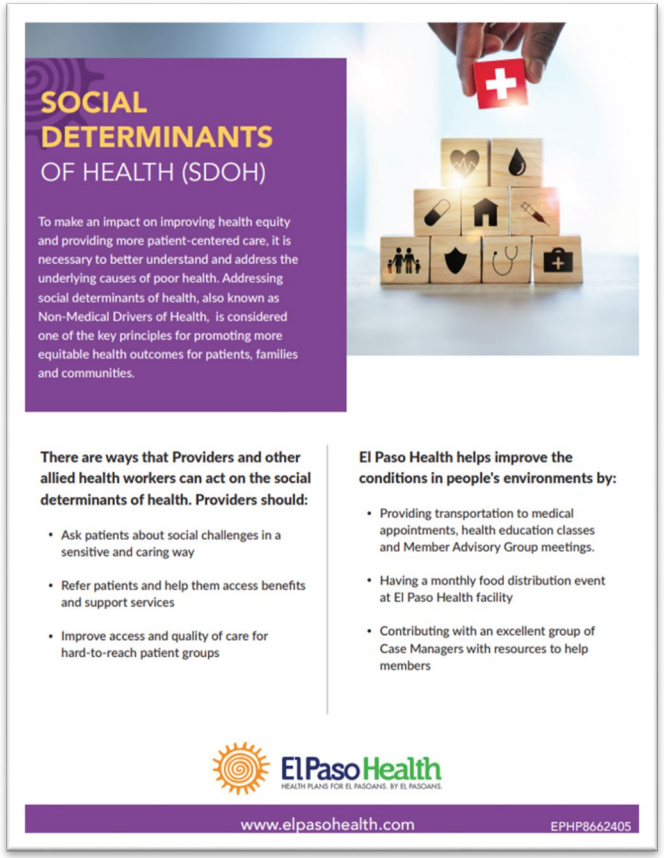
Community Connection Unit

According to CMS, Health Equity means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcome.

El Paso Health is committed to eliminating barriers to improve and maintain our member's health. The implementation of the Community Connection Unit to address Non-Medical Drivers of Health NMDOH also commonly known as Social Determinants of Health, will help us identify disparities related to the following:



EPH- TIPS Sheets (final_02)

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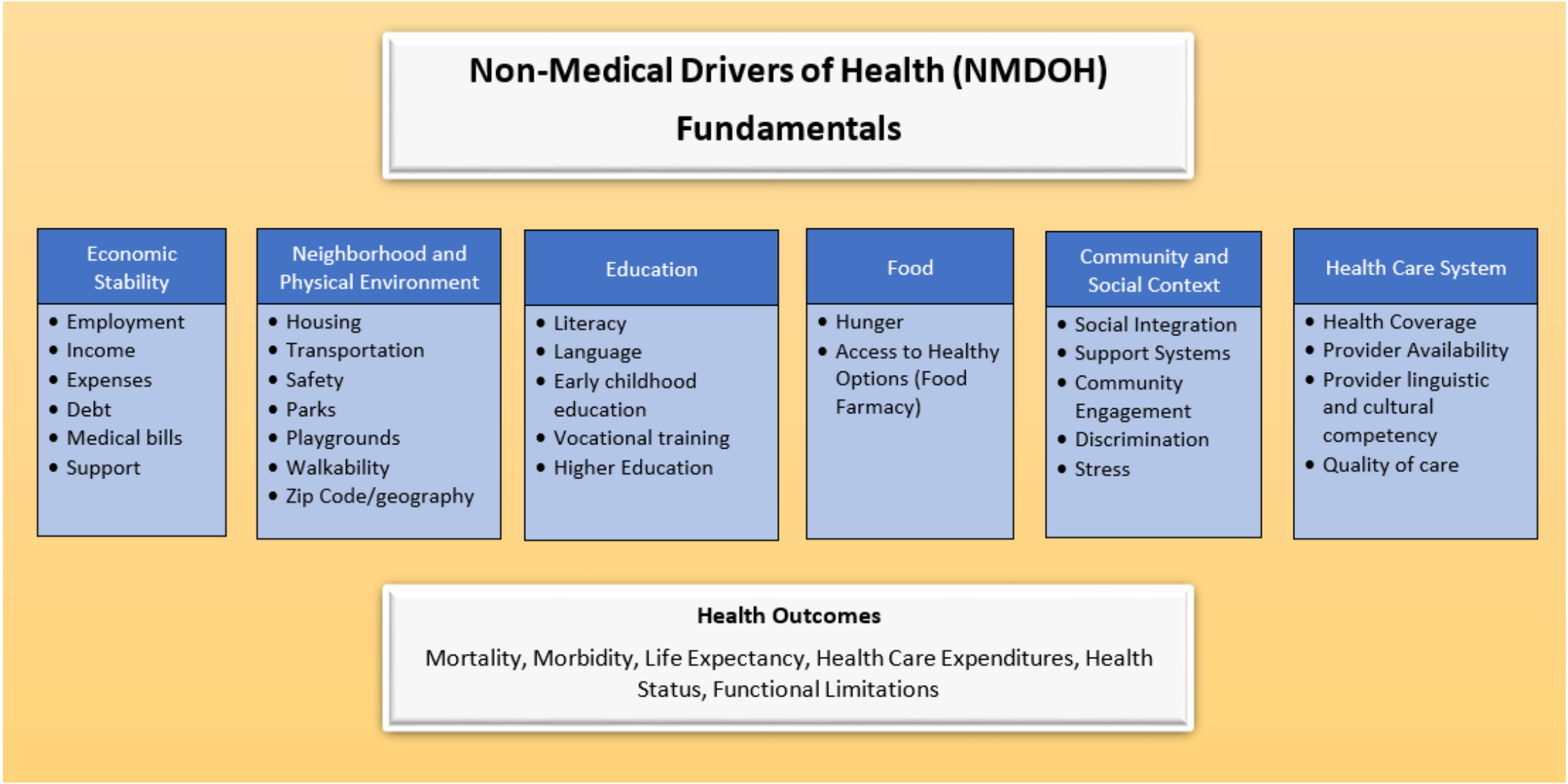
Non- Medical Drivers of Health Fundamentals



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NMDoH and Z-Codes

El Paso Health

Addressing NMDoH is a critical factor in reducing health care disparities.

Providers can assist and support patients facing social challenges by:

- inquiring about their social history,
- providing guidance, and
- referring them to support services, including referrals to El Paso Health.

- El Paso Health encourages the documentation of patient/member social needs identified during the appointment or assessment and the submission of appropriate ICD10 Z-codes when NMDoH needs are identified.

Clinical Practice Guideline (List of Z codes:

http://www.elpasohealth.com/pdf/Social%20Determinants%20of%20Health%20Clinical%20Practice%20Guideline.pdf

Please Note: If you've identified any members with NMDoH, you may contact:

Gabriela Mendoza
Community Connection Supervisor
Phone: (915) 532-3778 Ext 1076

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STAR+PLUS: Service Coordination

Service Coordination

Service Coordination is a specialized case management service available to members who need or request additional support.

Service Coordination provides:

- Single Point of Contact for the Member
- Assessments reviews and develop a plan of care utilizing input from the member, family, and providers
- Assistance in coordinating services and care for our members
- Guidance through the health care system, including referrals, and authorizations to help meet our members' needs
- A multidisciplinary approach to address medical and behavioral health needs
- Mandatory telephonic or face-to-face contacts

Contacting a Service Coordinator

To reach an El Paso Health Service Coordinator:

- Call **833-742-3127**, option **#2**
- Hours of Operation: Monday – Friday, 8:00 AM to 5:00 PM (excluding state-approved holidays)

For after-hours assistance, members, family members, and providers may leave a message. A Service Coordinator will return the call within **2 business days**

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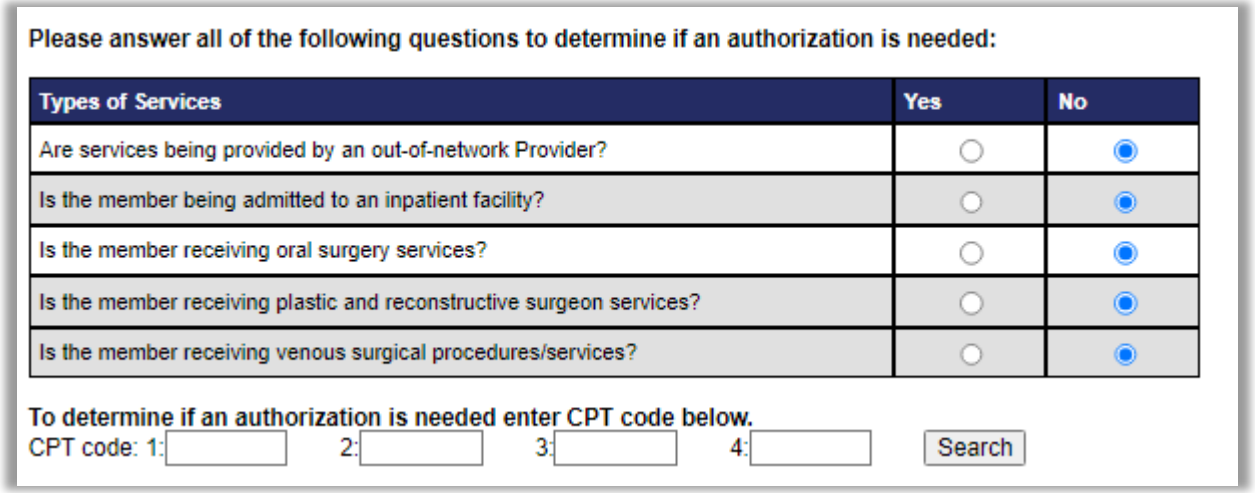
Health Services

Prior Authorization Tool

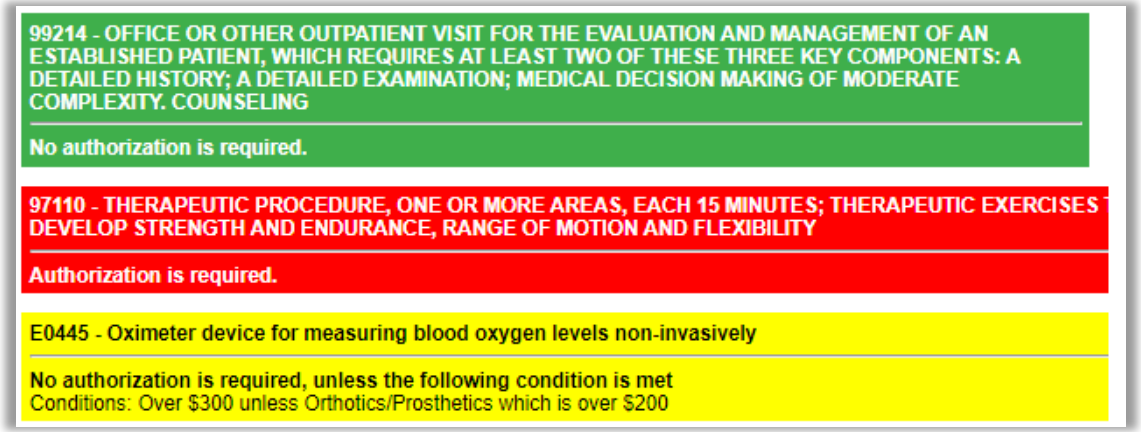
- All questions on the table must be answered in order to be able to search for CPT codes.
  - A ‘yes’ answer to any of the questions will automatically require a prior authorization.
  - Answering ‘no’ to all questions on the table will prompt the CPT code search query.
- Enter your CPT code and click Search to determine if prior authorization is required for that specific code.
- Providers may search up to four CPT codes at a time.



Please answer all of the following questions to determine if an authorization is needed:

Types of Services	Yes	No
Are services being provided by an out-of-network Provider?	○	◉
Is the member being admitted to an inpatient facility?	○	◉
Is the member receiving oral surgery services?	○	◉
Is the member receiving plastic and reconstructive surgeon services?	○	◉
Is the member receiving venous surgical procedures/services?	○	◉

To determine if an authorization is needed enter CPT code below.
CPT code: 1: 2: 3: 4: Search



99214 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING

No authorization is required.

97110 - THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY

Authorization is required.

E0445 - Oximeter device for measuring blood oxygen levels non-invasively

No authorization is required, unless the following condition is met
Conditions: Over $300 unless Orthotics/Prosthetics which is over $200

[Prior Authorization | El Paso Health]

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Authorization Requests & Hours of Operation

EPH is required to accept requests using various methods:

- Electronic
- Fax
  - Outpatient (915)298-7866 or Toll Free (844)298-7866
  - Inpatient (915)298-5278 or Toll Free (844)298-5278
- Walk-In/Mail
- Telephonic
  - 915-532-3778 or toll-free 888-532-3778

Authorization are accepted during normal business hours Monday through Friday from 8:00am to 5:00pm (MST).

El Paso Health Medical Director is available after hours and can be reached by El Paso Health's answering service. The call will be transferred to him or the assigned designee.

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Turnaround Times

The day the authorization request is received is considered Day 0; turn around time does not begin until next **business** day

- Standard request – 3 business days for Medicaid/Medicare; 2 business days for CHIP/ TPA
- Expedited request – 24 hours
- Retrospective request – 30 days (start date is 5 business days past date received)

If additional information is requested, the turn around time can be extended up to 14 calendar days. If so:

- Both the member and provider will be notified of any extension granted. The due date will be printed on the notification letter
  - Provider will receive notification by fax
  - Member will receive notification by mail

Peer to Peer Reviews

- Peer to peer reviews are offered prior to an Adverse Determination via fax notification.
- **Peer to Peer Reviews** can only be held Physician to Physician
- The ordering Physician has 24 hours to schedule a peer to peer review for services

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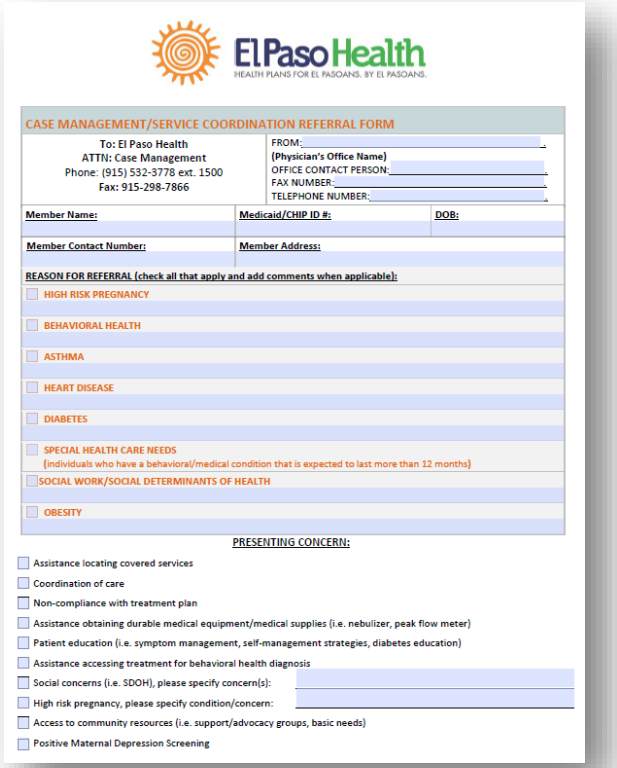
How Can A Case Manager Help Our Members?

We are dedicated to promoting the highest quality care available and provide our members with:

- Resources to enhance health education.
- Pregnancy planning.
- Health promotion.
- Education for reproductive age women and adolescents.
- Comprehensive assessments.
- Service Coordination and collaboration with our valued providers.



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HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

CASE MANAGEMENT/SERVICE COORDINATION REFERRAL FORM

To: El Paso Health
ATTN: Case Management
Phone: (915) 532-3778 ext. 1500
Fax: 915-298-7866

FROM:
(Physician's Office Name)
OFFICE CONTACT PERSON:
FAX NUMBER:
TELEPHONE NUMBER:

Member Name: | Medicaid/CHIP ID #: | DOB:

Member Contact Number: | Member Address:

REASON FOR REFERRAL (check all that apply and add comments when applicable):

- HIGH RISK PREGNANCY
- BEHAVIORAL HEALTH
- ASTHMA
- HEART DISEASE
- DIABETES
- SPECIAL HEALTH CARE NEEDS (individuals who have a behavioral/medical condition that is expected to last more than 12 months)
- SOCIAL WORK/SOCIAL DETERMINANTS OF HEALTH
- OBESITY

PRESENTING CONCERN:

- Assistance locating covered services
- Coordination of care
- Non-compliance with treatment plan
- Assistance obtaining durable medical equipment/medical supplies (i.e. nebulizer, peak flow meter)
- Patient education (i.e. symptom management, self-management strategies, diabetes education)
- Assistance accessing treatment for behavioral health diagnosis
- Social concerns (i.e. SDOH), please specify concern(s):
- High risk pregnancy, please specify condition/concern:
- Access to community resources (i.e. support/advocacy groups, basic needs)
- Positive Maternal Depression Screening

Our members are encouraged to:

- Discuss available services in detail.
- Obtain education about how to access emergency services, OB/GYN and specialty care.

Providers may refer members by submitting the Case Management Referral Form found on our website at www.elpasohealth.com.

- Form must be faxed to 915-298-7866, attention: Case Management

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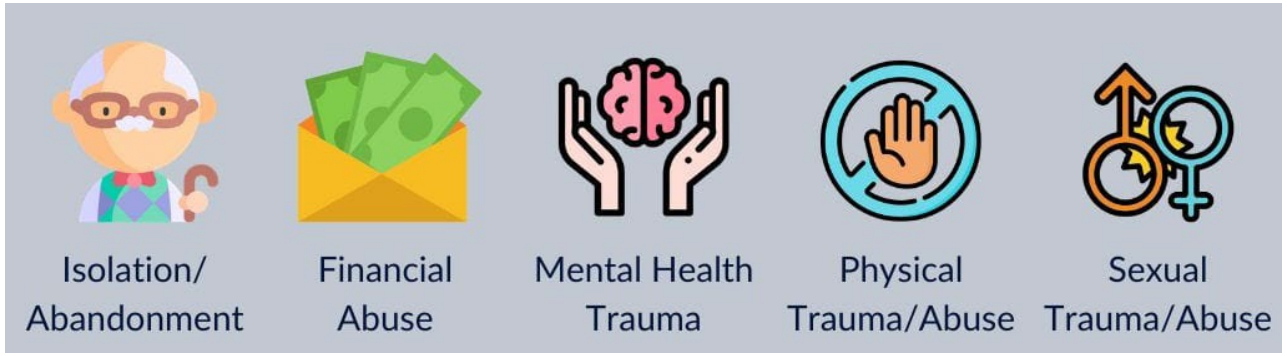
Compliance – Abuse, Neglect and Exploitation

Abuse, Neglect, Exploitation

Abuse:
- Mental
- Emotional
- Physical or sexual injury
- Failure to prevent such injury



Neglect:
- Results in starvation
- Dehydration
- Over medicating or under medicating
- Unsanitary living conditions, etc.
    * Neglect also includes lack of heat, running water, electricity, medical care, and personal hygiene

Exploitation:
- Misusing the resources of another person for personal or monetary gain
    * This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account, and taking property and other resources.

Reporting Abuse, Neglect, and Exploitation

The law requires that you report suspected Abuse, Neglect, or Exploitation.

- Call 9-1-1 for life-threatening or emergency situations.
- Report by Phone (non-emergency) 24 hours a day, 7 days a week, toll-free by calling DADS at 1-800-647-7418 if the person lives in or receives services from:
  - Nursing Facility
  - Assisted Living Facility
  - Adult Day Care
  - Licensed Adult Foster Care
  - HCSSA / Home Health Agency
- Also call the Department of Family and Protective Services (DFPS) 1-800-252-5400 to report suspected abuse by a HCSSA.

Online Reporting (non-emergency):
txabusehotline.org (create a secure account)

Helpful info to include:
Names, ages, addresses, and phone numbers of those involved.

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Reporting Abuse, Neglect, and Exploitation

El Paso Health Network Providers, who have received ANE report findings on El Paso Health Members from the DFPS or DADS, must submit a copy of the report to El Paso Health within ONE business day from the date the report is received.

The ANE reporting findings can be submitted to El Paso Health via secure and confidential email to: APSReport@elpasohealth.com

Additional information and resources regarding ANE can be found on El Paso Health website: https://www.elpasohealth.com/members/hhsc-news/abuse-neglect-and-exploitation/

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Special Investigations Unit (SIU)

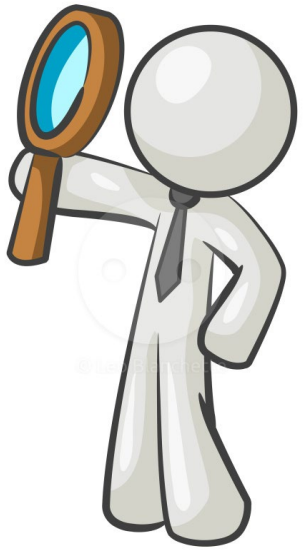
SIU Team Purpose

Texas requires all Managed Care Organizations like El Paso Health to establish a plan to prevent and detect Waste, Abuse, and Fraud (WAF).

This plan is carried out by El Paso Health's Special Investigations Unit (SIU).

El Paso Health SIU Team conducts monthly audits of our network providers and members.

We will request Medical records for review to prevent FWA in accordance with Texas Administrative Code.



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What We Look For

When we are auditing claims we identify several factors which include:

- **Documentation**
  - Mandatory two patient identifiers on each page of the medical record.
    - Each page requires the patients name and Texas Medicaid number.
  - It is important to ensure the progress note is complete and signed by the provider.
    - Confirm all rendering providers are enrolled with TMHP.
- **Coding** – HCFA claim form reviewed (this list is not all-inclusive).
  - Dates of service (Box 24a)
  - Place of service (Box 24b)
  - **Rendering Provider (Box 24j)**
  - CPT/Diagnosis codes & Modifiers (Box 24d)
- **Authorizations**
  - When required, ensure authorization is obtained prior to the services being rendered.
  - Confirm the authorization has not been exhausted.

Medical Records Request

We will send providers the request for medical records as follows:

- 1st request faxed with a 4 week deadline.
- If no response within the first 2 weeks, a 2nd request is faxed and a call is placed to the provider's office to ensure receipt of the request.
    - Same deadline date applies as the first request.
- If no response within the 3rd week, a final request is faxed and contact with provider is made.
    - Same deadline date applies as first request.

Please make sure you and/or your Third Party Biller handle a records request with urgency.

Extension may be granted but they **must be requested in writing before the Records Request due date (email is an acceptable form of communication).**

Failure to submit records results in an automatic recoupment that is not appealable.

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Methods to Submit Medical Records

- **Fax**: 915-225-1170
- **Email**: JHerrera2@elpasohealth.com or gtejada@elpasohealth.com
- **Datavant** (formerly Ciox Health)
- **Pick Up:** -Contact your EPH Provider Relations Rep or the SIU Department to schedule a pick up

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Missing Medical Records

It is important to send what is requested on the letter and adhere only the date (s) requested.

When submitting records, if any detail is left out, the entire claim may be recouped for insufficient documentation.

Some examples include:

- Omitted In/Out Times
- Initial Evaluations
- Medical History

When records are submitted providers will sign an attestation to the number of pages included.

After attestation signature, additional records will not be accepted.

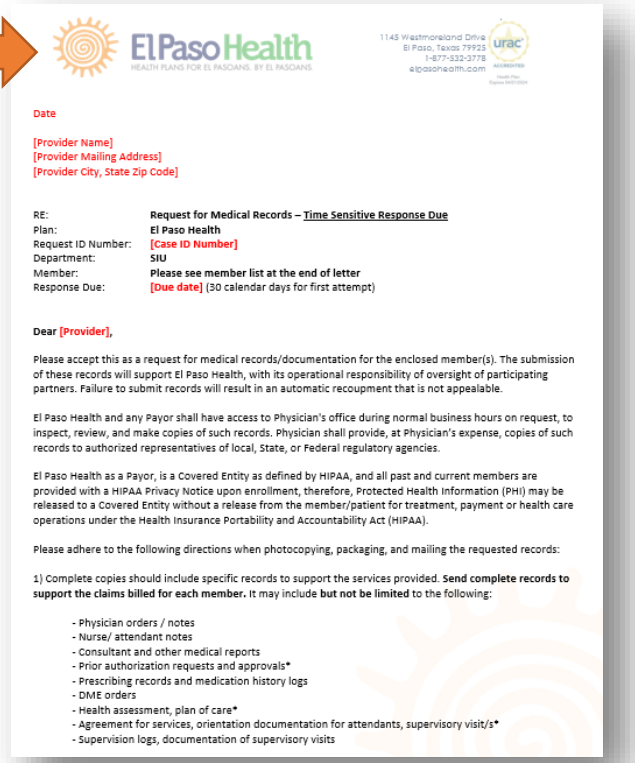
EPH Audit vs External Audits

El Paso Health conducts it's own internal audits which are entirely independent of any external audit processes.

HHSC through the **Office of Inspector General (OIG)** and the **Office of Attorney General (OAG)** perform their own independent audits. El Paso Health is not involved in or affiliated with these audits.

Please verify the letterhead to determine which organization is requesting the medical records.

El Paso Health Medical Records Request Letter Sample



El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

1145 Westmoreland Drive
El Paso, Texas 79925
1-877-532-3778
elpasohealth.com

Date

[Provider Name]
[Provider Mailing Address]
[Provider City, State Zip Code]

RE: **Request for Medical Records – Time Sensitive Response Due**
Plan: **El Paso Health**
Request ID Number: **[Case ID Number]**
Department: **SIU**
Member: **Please see member list at the end of letter**
Response Due: **[Due date]** (30 calendar days for first attempt)

Dear [Provider],

Please accept this as a request for medical records/documentation for the enclosed member(s). The submission of these records will support El Paso Health, with its operational responsibility of oversight of participating partners. Failure to submit records will result in an automatic recoupment that is not appealable.

El Paso Health and any Payor shall have access to Physician's office during normal business hours on request, to inspect, review, and make copies of such records. Physician shall provide, at Physician's expense, copies of such records to authorized representatives of local, State, or Federal regulatory agencies.

El Paso Health as a Payor, is a Covered Entity as defined by HIPAA, and all past and current members are provided with a HIPAA Privacy Notice upon enrollment, therefore, Protected Health Information (PHI) may be released to a Covered Entity without a release from the member/patient for treatment, payment or health care operations under the Health Insurance Portability and Accountability Act (HIPAA).

Please adhere to the following directions when photocopying, packaging, and mailing the requested records:

1) Complete copies should include specific records to support the services provided. **Send complete records to support the claims billed for each member.** It may include **but not be limited** to the following:

- Physician orders / notes
- Nurse/ attendant notes
- Consultant and other medical reports
- Prior authorization requests and approvals*
- Prescribing records and medication history logs
- DME orders
- Health assessment, plan of care*
- Agreement for services, orientation documentation for attendants, supervisory visit/s*
- Supervision logs, documentation of supervisory visits

THE ATTORNEY GENERAL OF TEXAS
KEN PAXTON
ATTORNEY GENERAL of TEXAS

OFFICE OF INSPECTOR GENERAL
Inspector General
Texas Health and Human Services

Letterhead Samples for External Audits

Closing the Review

Providers office will be notified of the audit findings once the review is completed.

You have the right to dispute/appeal the findings within 30 days of notification.

- The dispute/appeal will be handled by the SIU team.
- The review of appeal for the Audit is not handled by the Complaints & Appeals Department or any other department at El Paso Health and should be sent to:

El Paso Health Plan
C/O SIU Department
P.O. Box 971100
El Paso, TX 79997

- You may not dispute claims for which you did not provide any documentation.

After 30 days or the appeal review, EPH will begin recoupments via claims adjustments unless the provider requests to send a check or set up a payment plan.

SIU Contact Information

When in doubt, reach out!

Jennifer Herrera, SIU Manager

(915) 298-7198 ext.1228

jherrera2@elpasohealth.com

Waste, Fraud, Abuse Hotlines:

El Paso Health
1-866-356-8395

Office of the Inspector General
1-800-447-8477

Office of the Attorney General
1-800-735-2989

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Complaints and Appeals

Provider Appeals

A request for reconsideration of a previously dispositioned claim.

- Complete Denial of Claim
- Partial Denial of Claim

What to Submit

- One letter per member/per DOS explaining reason for dispute
- Supporting documentation
- Remittance Advice
- Medical Records (if necessary)
- Proof of Timely filing
- Any pertinent information for review

How to Submit

- Fax: 915-298-7872
- Web Portal
- Email: Complaints&AppealsTeam@elpasohealth.com
- Mail : El Paso Health
  Complaints and Appeals Dept.
  1145 Westmoreland Drive
  El Paso, TX 79925

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Provider Appeal Levels

- Level 1
  - Acknowledgment Letter w/in 5 business days
  - Resolution Letter w/in 30 calendar days
    - Don't agree with outcome?

- Level 2
  - Acknowledgment Letter w/in 5 business days
  - Resolution Letter w/in 30 calendar days.

    (Provider Appeals Process has been **Exhausted**)

- Submit a Complaint to:
  - HHSC (STAR & STAR+PLUS)
  - TDI (CHIP)

Reminders

- For all appeals inquiries, our Member Services Department is the appropriate point of contact. They can provide updates on appeal status and assist with any questions you may have regarding appeals.
- You may reach them directly at
  - STAR+PLUS Phone: 1-833-742-3127
  - STAR & CHIP Phone: 1-877-532-3778

Contact Information:

Corina Diaz
Complaints and Appeals Manager
(915) 298-7198 ext. 1092

Maggie Rios
Complaints and Appeals Supervisor
(915) 298-7198 ext. 1299

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Claims Department

Corrected Claim Submission Reminder

HCFA (CMS-1500) vs. UB-04 (CMS-1450)

Form Type	CMS-1500	UB-04
Corrected Indicator	Box 22: Resubmission code = 7	Bill Type: 3rd digit = 7 (e.g., 117, 137)
Claim Reference	Box 22 – Use the claim number from the last processed version of the Claim	Form Locator 64 – Use the claim number from the last processed version of the Claim
EDI Location	Loop 2300, REF*F8	Loop 2300, REF*F8
Common Use	Office/Professional corrections	Hospital, SNF, Outpatient, Home Health
Do NOT	Submit as new or Appeal	Use original bill type (e.g., 131 instead of 137)

Key Reminders

- Corrected claims must be submitted within the timely filing deadline.
- Do not submit a corrected claim through the appeals process, unless instructed to do so.
- Claims submitted without proper formatting may be denied or treated as duplicates.

Note: *Submitting the same request multiple times through claims or appeals will not expedite processing and may result in delays or denials.*

Claim Reconsideration vs. Appeal – Key Differences

	Claim Reconsideration	Appeal
Purpose	Request to re-review a claim due to potential processing error	Challenge a denial or adverse decision based on medical necessity or policy
Focus	Administrative/technical issues (e.g., coding)	Clinical or coverage-related issues (e.g., service denial, level of care)
Initiated By	Provider	Provider or Member
Documentation Needed	Corrected Claim	Often requires medical records, provider letter, or peer review
Outcome Possibilities	Payment adjustment, claim approval	Overturn of denial, continuation of care, or upheld denial

Telemedicine Billing Reminders

Telemedicine Modifiers	
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
FQ	Outpatient mental health services provided by synchronous telephone (Audio-Only) technology must be billed using modifier FQ
93	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive (Audio-Only) Telecommunications System

Place of Service Codes	
02	The patients attend the telehealth appointments anywhere other than their own homes (e.g., a hospital or skilled nursing facility)
10	Telehealth services provided to patients who attend the appointments in their own homes

Note: Claim will deny if submitted only with modifier for telemedicine and invalid POS code or vice versa

EPH Claim Submission - CLIA Requirements

All providers that bill laboratory services must have a CLIA certification for the procedure code billed.

CLIA	CLIA Number Location Options	Servicing Laboratory Physical Location
CMS 1500 (Paper Claims)	Must be represented in field 23	Submit the servicing provider name, full physical address and NPI number in fields 32 and 32A. The rendering/servicing or billing provider address must match exactly to the address associated with the CLIA ID entered in field 23.
HIPPA 5010 837 (Electronic Claim)	Must be represented in the 2300loop, REF02 element, with qualifier of X4 in REF01	Physical address of rendering/servicing provider must be represented in the 2310C loop if not equal to the billing provider address. The servicing/rendering or billing provider address must match exactly to the address associated with the CLIA ID submitted in the 2300 loop, REF02.

If a provider bills for a procedure without appropriate CLIA certification, the claim will be denied

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